B. ż of OCCUPA-

1. PLACE OF DEATH	95 CO.
County allegary City I imi	tS Registration Dist. No.
Village or City Churberland	No. R, F. D. # / Sa Cale St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurred	0
2. FULL NAME / COCCCA Course /	one.
(a) Residence: No. 17, 7, 4, -1 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE Female 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH Ovember 23 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced	, , , , , , , , , , , , , , , , , , , ,
(Or) WIFE of Hamstolland Bane	22. November 1.32 More List attended deceased from
6. DATE OF BIRTH (month, day, and year) april 14-1850	I last saw h elive on how 21 153 2 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
8 2 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Inyocardilis Dita of ongot
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	
work was done, as SIIK MILL, Home	
kind of work done, as SPINNER, About 1980 SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1999) spent in this spent in this	
year) how occupation 6	Ohn Carlotte Committee
12. BIRTHPLACE (city or town) Laculown	Other Contributory Causes of importance :
(State or country) Manyland	
14. BIRTHPLACE (city or town) Loutown	
14. BIRTHPLACE (city or town) Daulown (State or country)	Name of operation
	What test confirmed diagnosis 2 Was there an autopsy?
I 0 0	23. If death was due to external causes (VIOLENCE) fill In also the following:
[State or country]	Accident, sulcide, or homicide?
Matta Bo	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Cumberland Prid.	Specify whether injury occurred in INDUSTRY, in HOME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Com 114 Mo Date 1400 23, 193	Nature of injury.
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20 SUSMAN 25 1027 Marcul II Acce	(Signed) WA Hordon 1 M.D.
20. FILED Registrar.	(Address) Cumbelland, Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis .	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH V. S. No. 1

1. PLACE OF DEATH	(N-a)
County alleganiz.	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Alsian. Glength, Barl	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Lawlung (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH 2 2 , 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucyle	22. I HEREBY CERTIFY. That I attended deceased from Nov 19, 1932, to NW 27, 1932
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	I last saw h
Ondustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10 Date deceased lest worked et this occupation (month and year) 12. BIRTHPLACE (city or town)	Other Contributory Canacs of imporfance:
(State or country) 13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	Whef fest confirmed diegnosis?
15. MAIDEN NAME Europe Blackburn	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Europe Blackburn 16. BIRTHPLACE (city or town) (Stefe or country) 17. INFORMANT (Address)	Accidenf, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL AND Date Nov. 43, 19 32	Manner of injury
19. UNDERTAKER (Address) (Address) (Address) (Address) (Address)	24. Was disease or injury in any way related to occupation of deceased? 16 so, specify (Signed) M.D.
20. FILED 193 Land Registrar.	(Address) / Losas Wa. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 600 9 030	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Allegary	CERTIFICATE OF DEATH
Or +	Registration Dist. No. / O
Village or City MI Wolf (No	St: Ward) (If death occurred in
All B.	a hospital cr institu- tion, give its NAME in- stend of street and
2FULL NAME luma Jenney	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, WIDOWED. Varied (Write the word)	16 DATE OF DEATH WW 8 , 1992 — (Month) — (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sept 27 1880	1972.0 1932.
(Month) (Day) (Year)	that I last saw h halive on NW 17 , 192 Z.
7 AGE	and that death occurred on the date stated above, at
6 2 yrs. mos 2 ds or min?	The CAUSE OF DEATH " was as follows:
BOCCUPATION	Course Two Files
(a) I rade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	1 2
which employed or (employer) fausurfe	(Duration) /yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory Afflully a
110 NAME OF PROPOSO CO.	(Duration) yrs mos ds.
FATHER Ochert Lasules.	(Signed) M. D.
	NAV19 1972 Address (Mulleland M.A.
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Docar Pobulle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country)	of death yrsmosds. State yrsmosds. Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) / whand	usual residence
(Address) MT Jaroge M.	net Savage ped 2/, 1932
Filed 11/20 19232- HJ Botelle M.D. Registral	20 UNDERTAKER DURST Hustburg Ind.
If more blanks are needed, address State Registrar,	16 W. Saratega St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spiener, (b) Collon mill; (a) Salesman. (b) Grocery; (a) Foreneau, (b) Automobile factory. The material additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g. . Farmer or Plumter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning of illness. If retired from er," etc., should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tweed 6 yes). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the luborer Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Cure should be taken worked on may form part of the second statement: For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day Architect, Locomotive engineer, Wom-

Statement of Cause of Death—Name, first, the DISERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosylval fewer the only definite synonym is "Epidemic cerebros in meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lokar spnessmonia, Bronchopneumonia ("Pneumonia");

SUREAU

atie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Mcusles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Pebuty" "Hear " "Karasmus, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Branchopneumania (secondary), (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condiinterstitial nephritis, Chronic " "Old Age," "Shock," etc. valendar heart discuse; Nomenclature of the The contributory Sarcoma,, etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-JARGIN RESERVED FOR BINDING V. S. No. 1

1. PLACE OF DEATH County Clercy any Correction of the County Control of the County of	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs, mos. 2. FULL NAME Cluic Male (a) Residence: No. 26 Mates	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs mos. 2. FULL NAME CLUB M. Deg (3) Residence: No. 26 Matel	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred vrs. mos. 2. FULL NAME Cui Mater (a) Residence: No. 26 Mater	
2. FULL NAME Lewis M. Biggs (a) Residence: No. 26 M. Matel	us. now long in 0, 5. II of loreygn pirtif?yrsmos o:
(a) Residence: No. 26 N. Water	
(a sum plane of about)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 25, 193 (Weer)
HUSBAND of (or) WIFE of Telebotte	22. HEREBY CERTIFY, that I ettended deceased from
2613 K72	lest saw have elive on 190 2 4 190 2 deeth is sei
AGE Years Months Devs If LESS than	to heve occurred on the date steted above, et 2:45 m2
6 2 - 9 9 - 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance
8. Trede, profession, or perticular	were es follows:
kind of work done, es SPINNER, A The Wall	Urtenos chuosis and 1922
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Deto deceesed lest worked et 11. Totel time (yeers) this pecuneting (month and	Thy perfension
SAW MILL, BANK, etc	100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10. Deto deceesed lest worked et this occupetion (month and year) 11. Total time (years) spant in this occupetion	Chime appules 193.
	Other Contributory Causes of Importance
2. BIRTHPLACE (city or town) (State or country)	My associal Vailure but
	The state of the s
Ŏ Y	Manufacture (IAM)
14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Date of Whet test confirmed diagnosis? Westhere en autopsy?
15. MAIDEN NAME	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury 19
(Stete or country)	Where did injury occur?
7. INFORMANT Collie Verhams (Address) Trouting and	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Twelling Dele 1 /29 , 1937	Nature of injury
9. UNDERTAKER (Address)	24. Wes disease or injury in any way related to occupation of deceased?
0. FILED 1/28 , 1937 a.R. Freeken	(Signed) Cler Stiles & Tracking M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	 	22120 272 1 2220	

N. B.

of OCCUPA.

1. PLACE OF DEATH County ALLEGA	NY V	VITHIN COR	PORATE LIMITS Registration Dist. No.
vinage of City	BERLAND MD wn where daath occurred		No. MEMORIAL HOSPITAL St., 6 - Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
AT TOLL HAME	NGMAN IRVII BUFFALO MILI (Usual place	LS PENNA	St., Ward. If nonresident give city or town and State
PERSONAL AND ST	ATISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR I	OP DIVORCET	RIED, WIDOWED, O (write tha word) FLE	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attanded deceased from Nov 24 1932 to 24 1932
6. DATE OF BIRTH (month, day, and ya	aar) dept 2	. 1915	I lest saw h alive on Nov 34 ,1937; daeth is said
7. AGE Yaars 17	Months Days 22	If LESS than 1 day,hrs. ormin.	to heve occurred on the data stated ebova, at 100 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance wide as follows:
8. Trada, profassion, or perticular kind of work done, as SPII SAWYER, BOOKKEEPER, at Undustry or businass in which work was dona, as SILK M SAW MILL, BANK, etc	NNER, FARMER		Justing Date of guest Sail So well Mysting
SAW MILL, BANK, etc 10. Date daceasad last workad at this occupation (month and year)	11. Total ti	me (yaars) It in this pation	Tauge No 7: Dool Other Contributory Causes of Importance: accidental Care
12. BIRTHPLACE (city or town)(Stata or country)	PENNA		Charl ton
E 13. NAME BINGMA	N JESSE		which he did not vely
13. NAME BINGMA 14. BIRTHPLACE (city or town) (State or country)	PENNA		Name of operation Data of What test confirmed diagnosis Distible Sugars was there an autopsy?
# 15. MAIDEN NAME GIL	LUM MALISSA		23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	PENNA		Accident, suicida, or homicide? Coccident. Date of injury, 19 Where did injury occur?
17. INFORMANT	AL HOSPITAL BERLAND MD		(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVA	d new	26,1937	Manner of injury
19. UNDERTAKER 34. 9. (Addrass)	Mellon	Pa	24. Was disease or injury in any way related to occupation of deceasad?
20. FILED 200 25, 193	V Harry	Registrar.	(Signad) (Addrass) (M.D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11604
1. PLACE OF DEATH	85)
T. A. T.	CI mall
Village or City (16	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whare death occurredyrs,mos	ds. How long in U.S. it of foreign birth?yrsmos,ds.
2. FULL NAME alverta m	Bitther
(a) Residence: No.	_St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (registe the word)	(Month) (Day) . (Year) .
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	hov4 ,1932,10 hov4 ,1932
6. DATE OF BIRTH (month, day, and year) 21, 1903	I last saw h_ u alive on how 4 ,19 34; death is said
7. AGE Years Months Days If LESS than I day	to have occurred on the date stated above, at 12 - a.m.
29 18 10dy, ormia.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Epitelpail 20mm
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 11. Total tima (years) this occupation (month and	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
1 0 11	
Ξ	Name of operation Date of Date
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIOEN NAME Clara Korus	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?Date of injury,19
E (State or country)	Where did Injury occur? (Specify city or town, county and State)
17, INFORMANT Idward Bettier	Specify whether Injory occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Addross) 18. BURIAL, CREMATION, OR REMOVAL	
Place of wattra Oate Not. 13 1932	Manner of Injury
I. S. Hali.	24. Was disease ar injury In any way related to occupation of deceased?
19. UNDERTAKER (Address)	24. Was disease at injury in any way related to occupation of deceased?
Illu a a. a. D. Notal	(Signed) a.K. Marku M.D.
20. FILED 19.32 Registrar.	(Address) I willing mid
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

use of death and related causes re as follows:	Date of onset
av.	1 week ago
72.10	
w	1 week ago
	3 days ago
y causes of importance:	
	1 year
	y causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11605
1. PLACE OF DEATH WITHIN CORPORATE LINEIT	11000
County allegan	Registration Dist. No.
Village or City Talstat	No Mines Haspilal St. Ward
	f death occurred in a hospital or institution, givents NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Seven C. 19/	voel er
(a) Residence: No. Sant Co hu	✓ St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Jilly Blocker	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Sept 15-1871	
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at ASS a.m.
6/ 2 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causas of importanca ware as follows:
8. Frada, profassion, or particular kind of work done, as SPINNER, Farmer SAWYER BOOKKEFPER etc.	Date of onset
SAWYER, BOOKKEEPER, etc.	Thoch follows horest
work was dona as SH K MILL	operat for Obstandian 15
SAW MILL, BANK, atc	of Bowels
year) occupation	Ohr Catalana Canalana
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	Clack Obstruction for 22
13. NAME Curchen Blocke	8) books
14. BIRTHPLACE (city or town)	Name of operation apartmy Date of hor 25 32
C (State of Country)	What tast confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME diancydayman	23. If daath was due to axtarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of Country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT (Addrass) + withing miles)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Canut Co, Med Date 1 N. 27, 1982	
19. UNDERTAKER (Addrass)	24. Was disaase or injury in any way related to occupation of decaasad?
20. FILED / 26 , 19 5 ~ a. R. Nacker	(Signad) & ally Mane M. D.
Registrar.	(Address) And And
a, more viantes are necuea, agaress State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		THE CEIVED IN	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ER STATEMENTS BY PHYSICIAN
ER STATEMENTS BY PHYSICIA

40.1		TARGIN RESERVED FOR BINDING	RES	ERV	ED	FOR	BIN	DING)		0	N	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	VITH	UNFAD	ING I	NK-T	HIS	IS A 1	PERM	ANENT	r RECC	RD. Ever	r item	f infor-	
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	fully su	applied.	AGE	plnods	pe	stated	EX	ACTL	Y. PF	IYSICIAN	S shou	d state	
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	plain	terms, so	that	it may	pe	proper	ly cla	ssified.	Exact	statemen	t of 00	CUPA-	
TION is very important. See instructions on back of certificate.	it. See	e instruct	tions o	n back	of c	ertifica	te.						

1. PLACE O	Allegany.		WITHIN CH	PRPORATE LIMITS Registration Dist. N.	4
	city Cumberla		vre mo	No. Memorial Hospital death occurred in a hospital or institution, give its NAME instead 26 ds. How long in U.S. if of foreign birth?	St. War
2. FULL NA		mes W. B		yl	rsd
	nce: No. 212 Ch		• •	St., Ward.	or town and State
PERSON	NAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF I	DEATH
3. SEX Male	4. COLOR OR RACE White	OR DIVORCEI	RIED, WIDOWED, O (write the word) PCOd	21. DATE OF DEATH November 19,	, 193 2 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	wed, or divorced Minerva N	loyer,			t I attended deceased fro
S DATE OF RIPTH	(month, day, and year)	Oct. 30,	1883.	Hast saw h Acadive on 1957, to	, 19 deeth is sa
7. AGE Yea 4	ars Months	Days 19	If LESS than I day,hrs. ormin.	to have occurred on the date steted above, at 7:50 G. The PRINCIPAL CAUSE OF DEATH and releted causes of imp were as follows:	
kind of work done, as SPINNER, Kelly Tire Co., SAWYER, BOOKKEEPER, etc. Idustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. O Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation.		Other Contributory Causes of importance:	Eu.		
(State or cou	ntry) West	, Virgini	a,		
13. NAME	Bowman, Sil	.on			
	r country) West	Virgini	a,	Name of operation	Date of Date on Put opsy?
15. MAIDEN NA		rtha		23. If death was due to external causes (VIOLENCE) fill in also	the following:
16. BIRTHPLACE (State or	(city or town) West	. Virgini	a,	Accident, suicide, or homicide? Date of in Where did injury occur?	
	emorial Hos Cumberland	spital,		(Specify city or town, co Specify whether injury occurred in INDUSTRY, in HOME, or in	ounty and State) n PUBLIC PLACE.
Place Sewers 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	mans Chunk	was nov	13/ 13 ⁷²	Manner of injury Nature of injury 24. Was disease or Injury in any wey related to occupation of d If so, specify	deceased?
20, FILED JOU		Jaruey.	Hegistrar.	(Signed) (Address)	elyan m

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
22.47.17.77.4.77.17.19				
Other contributory causes of importance:	-	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 1

n s.	11607
PLACE OF DEATH	STATE OF MARYLAND
County allegany	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Sarty (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME may margarel	Bradley stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH NOV. 14th 1932 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
nor. 14th 1932	Mr. 149 1382 to hr. 14 h, 1932.
(Month) (Day) (Year)	that I last saw h Malive on 100.140, 1923,
7 AGE If LESS th	
yrs. mos. ds. or /0 mir	
wyrsmosds. ords. ords.	
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE	Contributory
(State or country) manufaud	(Durstion) yrs
10 NAME OF STATHER SALLEY	(Signed) m. hay writer
M II BIRTHPLACE	- W. 14 Vight (Address) million was
OF FATHER (State or country) Maryland	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Warsella Forten	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country) Manual	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) John Brakley	Former or usual residence
(Address) Bustin - his	St. Julielo Date of Burial Date of Burial Mr. 14th, 1932
15 Filed nov 14 19232 S. a. Bruche Registrar	20 UNDERTAKER Boutin - hul.
If more bienks are needed, address State Regist	rar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomolive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day single word or term on not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marsmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underapproved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

6

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD A IS WRITE PLAINLY, PATH UNFADING INK-THIS m ż

BINDING

FOR

RESERVED

MARGIN

S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County allaguy	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Bullin (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Veronica Pora	dley tion, give Its NAME It stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. Lugli WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 193 2 (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw herealive on 1922.
7 AGE IIILESS than	and that death occurred on the date stated above, at 5.200 m.
I dayhrs. yrs	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	(Durstion) yrs. mos. ds. Contributory Secondary (Durstion) yrs. mos. ds. (Signed) M: M. D. M. J. L. (Address) M. D.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the of death yrs mos. ds. State yrs disease contracted.
(Informant)	if not at place of dea.h?
(Address) Buth ht	St. Salvelo DATE OF BURIAL NOV. 14th, 1932
Filed Lov 14 19232 S.a. Boucher Registrar	20 UNDERTAKER Barton - high
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

116:00

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a to report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by (secondary or intercurrent) affection need not be stited unless important. Example: *Measles* (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-

Z Z

				11003
	PLACE OF DEATH	STA	ATE OF N	MARYLAND
	County allegany	CFR	TIFICATE	OF DEATH
	County	(159)		10
	d . U		Registration I	Dist. No.
Vi	llage or City UCLUU (No	St.	Ward)	(If death occurred in
	0	h		tion, sive its NAME in-
	2FULL NAME Salelle straus	ge Brodie		stead of street and number.)
-				
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CEI	RTIFICATE C	OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH	5- 6	the same
	WIDOWED. OR DIVORCED		DY. 0	, 192 &
1	wall (Write the word)	\ \	(Month)	(Day)(Year)
6	DATE OF BIRTH		FY, That I atte	ended the deceased from
	nor. 4 m 1932	mr. 4 th 192	7- 10 hm	1922
	(Month) (Day) (Year)	that I last saw h Malive	on no	, 5-00, 19237,
7	AGE fLESS than	and that death occurred on t	he date stated	above at 49. m.
-	day// hrs.	The CAUSE OF DEATH * was		. 0
	yrsmos/_ds. ormin.?	Premute	ue Be	rth
0	OCCUPATION			
6	(a) Trade, profession or particular kind of work			
	(b) General nature of industry	***************************************		N-000000000000000000000000000000000000
	business, or establishment in which employed or (employer)		(Durstion)	yrsds.
	7. 7.00	Contributory		•••••••••••••••••••••••••
9	(State or country)	Secondary		
-	I TO NAME OF	70 /2 0	(Durstion)	yrada.
	TO NAME OF FATHER AND	(Signed)	run	M. D.
	II BIRTHPLACE	m. 60 /122 (Addre	ea) hud	land hel
TS	OF FATHER	*State the Disease C	Causing Death,	or, in deaths from
FNA	(State or country) Muyland	*State the Disease (Violent Causes, state (1) Accidental, Suicidal or Homic	Means of In	jury and (2) Whether
AR	of Mother Land Othing	18 LENGTH OF RESIDENCE		
0.	13 BIRTHPLACE	ients or Recent Residents)		
	OF MOTHER	At place of deathyrsmos	ds. In the	eyrsmosds.
	(State or Country)	Where was disease contracted,		
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?		
	and audyeur Brodie h.	Former or usual residence		
	(Informant) (Rulli /	19 PLACE OF BURIAL OR RE	EMOVAL	DATE OF BURIAL
	(Address) The long had By 137	Dak Hill		hr. 6 4 , 1932
15	01901	20 UNDERTAKER	1	ADDRESS
.5	Filed NW. 6 1982 N. Such	· mac A. Brok	1	Lourenny h. 1
ł	registrar .	I VUI IN JAC	- 1	7.4.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "(Exhaustion," "Heart ranue,
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi (name origin; "Cancer" is less definite; avoid approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSICIAN'S should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING MARGIN RESERVED FOR TH UNFADING INK---THIS IS WRITE m Z

7 % No. 1

1PLACE OF DEATH	STATE OF MARYLAND
County allegany	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Rifers (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Single Graphore on RACE Single, MARRIED, Single OR DIVORCED (Write the word)	16 DATE OF DEATH 11 28 , 1932
6 DATE OF BIRTH // // 1932 (Nionth) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1/25 182 to 1/28 did not see at any time. that I lest new h. C.L. silve on
7 AGE If LESS that I day hre description	The CAUSE OF DEATH * was as follows:
(a) 1 rade, profession or hone particular kind of work (b) General nature of industry business, or establishment in	decised as given by father).
9 BIRTHPLACE (State or country) Kifers, Md.	Contributory Secondary. (Duration)
10 NAME OF David Brown	(Signed) SIS Jaylor mo. M. D. 11/208/32,192. (Address) Taw Jaw, W. Va.
OF FATHER (State or country) West Sa. 12 MAIDEN NAME 1. Ma 1.	*State the Disrase Causing Death, or, in deaths from Violent Causis, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Sadie Mae Unuck 13 BIRTHPLACE OF MOTHER 11/01/02 Ua.	18 LENGTH OF RESIDENCE (For Frospitals, Institutions, Transients or Recent Residents) At place In the of death yes mos. ds.
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or
(Informant) David Brown (Address) Paw Paw, West Va.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Nov 29 182 - Carrie a Franchol	Desoundertaker Suusiste Pares Pares, 972
If more hanks are needed, addross State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Colton mill; (a) nature of the husiness or industry, and therefore an Cunt engineer. tion applies to each and every person, irrespective of expition is very important, so that the relative health whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, Physician, Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Furm laborer, Laborer-Cout moine, who are engaged in the without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The Stationary fireman, etc. But in many Laborer-Coul mine, etc. Wom-Salesman, Locomotive engineer, duties of the (b) material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feet (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory" "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERFERAL peritonitis," ctc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suncide. The nature of the injury, accident; Revolver would of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all Chronic interstitial nephrilis, Whooping "Atrophy." "Collapse," "Coma," "Convulsions, cause for which surgical operation was under-Never report mere symptoms or terminal condicough; 3 3 ongenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic etc. The contributory valrular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. At the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

of OCCUPA-

	County ALLEGA Village or City CUI Length of residence in cit	TH ANY MBERLANI	MD N	UN CORPOR IEMORIAL	Registration Dist. No. HOSPITAL death occurred in a hospital or institution, give its NAME instead of street and number) 29 ds. How long in U.S. if of foreign birth?
	(a) Residence: No.	ALBRIGHT	.W.VA.		St., Ward.
c-18kannin	PERSONAL AN	DETATISTI	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. 3		R OR RACE		RIED, WIDOWED,	21. DATE OF DEATH
1		ITE	OR DIVORCEI	(qurite the word)	NOVEMBER 28, 1932
5a.	If married, widowed, or divo	rced	MAINTELL		(Month) (Day) (Year)
	BHODAND - 6	A FUNK	BURGE		22. HEREBY CERTIFY That I attended deceased from
-			7777 OF '	TOOF	(M. 3/ 1932, to /ou . 7/ 182
-	DATE OF BIRTH (month, day	, and your,	UNE 25,		I last saw have alive on About 1937; death is said
7.	AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4;50 A. W.
	47	5	1 3	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
LION	8. Trade, profession, or pa kind of work done, SAWYER, BDDKKEE	rticular as SPINNER, PER, etc	JANITOR		artinoma of sigmoid 1938
OCCUPATION	9. Industry or business in work was done, as S SAW MILL, BANK, e	ILK MILL.	ALBRIGH	T SCHOOL	
000	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spant in this occupation		
12.	BIRTHPLACE (city or town). (State or country)	WEST	VIRGINI		Dther Coutributory Causes of importance;
~	13. NAMERILEY E	RURGE			
FATHER	14. BIRTHPLACE (city or to (State or country)	187773 (1	T VIRGI	NIA	Name of operation farming of alustress both Juguest What test confirmed diagnosis? Lection: Was there an autopsyl D.
ER	15. MAIDEN NAME NA	NCY MIN	OR		23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME NANCY MINOR 16. BIRTHPLACE (city or town) WEST VIRGINIA (State or country)					Accident, suicide, or homicide? Date of injury, 19
17.	17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND, ND.				(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL CREMATION, OR RI	emoval on.	Pate now	30,1937	Manner of injury
19.	UNDERTAKER (Address)	nguy	Ben	dly	24. Was disease or injury in any way related to occupation of deceased?
	no , - 6	(hm/)H		P// /2	(Signed)

DR. ELIASON

Registrar.

Limberland My

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11612
1. PLACE OF DEATH	210-9
county allegany. WITHIN COL	RPORATE LIMITS. Registration Dist. No.
Village or City Carolina	No. allegany Hospital 4 Ward
	death occurred in a hospitator institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Length of residence in city or town where death occurred	Co.ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Plant page	
(a) Residence: No. / 0 6 Ukerno Place (Usual place of abode)	6t., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	21. DATE OF DEATH
Female White OR DUCKCED (wrighte word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from
1/1 12/21/1021	I last saw h 1 alive on 12 193 2 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, et 745 P.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Student	Cousked Chest &ue
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this openation (month end.	to al of of
SAW MILL, BANK, etc. 11. Total time (years)	the straight distinction
10. Date deceased last worked at this occupation (month end) 32 spent in this occupation 44	
0.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E	Name of operation Date of
14. BIRTHPLACE (city or town). (State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Lerta Broken	23. If death was due to external ceuses (VIOL ENCE), fill in also the following:
15. MAIDEN NAME SETTA STOPPO	Accident, suicide, or homicide? Currelled Date of hury 11/12 , 1922
∑ (State or country)	Where did injury occur and huland my
17. INFORMANT Edward Cage.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY. In HOME, or in PUBLIC PLACE.
(Address) landala	Dalline & tambulung red
18. BURIAL, CREMOTION, OR REMOVAL	Manner of injury the age to shall
Place True I dell Line Date From 15, 19 33	Nature of injurtarioshing Chest
19. UNDERTAKER Lomo, Sten Ine.	24. Was disease or injury in any way related to occupation of deceased 1
(Address) Cumbuland	If so, specify
20. FILED CON 16., 1524 Aluely VY Mess. Registrar.	(Signed) A TSWELFELL M. D. (Address) 2 & Post has A Calabase Mel.
	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of dcath means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town whare death occurred yrs. 2 mos. 2 d How long in U.S. if of foraign birth? yrs. mos. 2 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Family of the word o	STATE OF MARYLAND—	CERTIFICATE OF DEATH	1613
Country Gridge or City Village	1. PLACE OF DEATH	(920)	
Langth of residenceds city or town whare death occurred. Langth of residenceds city or town whare death occurred. Langth of residenceds city or town whare death occurred. Langth of residence city or town whare death occurred. Langth of residence city or town whare death occurred. Langth of residence city or town whare death occurred. Langth of residence city or town and state city. Langth of residence city or town and State city. Langth of residence city or town whare death occurred. Langth of residence city or town and State. Langth of residence city. Langth of residence city or town and State. Langth of residence city or town. Langth of residence city o	County alleguey.		
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	73- / 1. 1/2 1 () 1 () 1 () 1	(Signed) (Signed)	M. D
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	Registrar.		14

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	77770956
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER STATEMENTS	BY	PHYSICIAN
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No.	100	
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	Example 11	
Date of onset	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis 9 010	3 days ago
	1-57 5033	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
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TATE OF	MARYI	AND-	CERTIFIC	CATE	OF	DEATH	11
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1. PLACE OF DEATH	107-72	
County Megany	Registration Dist. No.	12
Village Dr City Dudy Court Length of residence in city or town where death occurred 54 yrs	NoSt (Il death occurred in a horpitalor institution, give its NAME instead of street nosds. How long In U.S. if of foreign birth?yrs	and number)
2. FULL NAME - Watilda t	Cisc	
(a) Residence: No. Thilland (Usual place of abode)	St., Ward. If nonresident give city or town	n and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH 32 (Month) (Day)	193 2 (Year)
HUSBAND of Harrison Clise	22. 1 HEREBY CERTIFY, Thet latte	nded deceased from
6. DATE OF BIRTH (month, day, and year) FIEL 13 1846 7. AGE Years Months Days If LESS than 1 day,h	to have occurred on the date stated above, at & 450 m.	3.2 ; death Is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month, and 2 / 1/6 ab spent in this core)	Cicità Bronclutes	Date of onset 10/24/21
year) 2 26 1934, occupation 7 12. BIRTHPLACE (city or town) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Dther Contributory Canses of Importance: Brownson puremonia	11/1/32
13. NAME Slevenson 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date Whet test confirmed diagnosis? Wes there	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Lindanium (State or country) 17. INFDRMANT Din Handson Cluster (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
18. BURIAL, CREMATION, OR REMOVAL Place Clegary Construy Date 200 6 6, 1930	Menner of Injury	
19. UNDERTAKER Mr. Conclusion and Andrews and Sonaching an	If so, specify (Signed) M. M. Durwott (Address) Milland - M.	M. D.

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Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal eause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Dr. Duret.t. WITHIN CORPORATE Allegany item of 410 . Race . S Registration Dist. No. should County Cumberland Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. if of foreign birth? yrs mos. ds. PHYSICIAN 2. FULL NAME Blanche.Coffman. Cumberland. Md RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED_(write the word) Femal White Maried 5a. If married, widowed or divorced HUSBAND of Melvin.F.Coffman. I HEREBY CERTIFY. That I attended decaased from (or) WIFE of 15, 19 37 to 14.1894 Dec. 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Days to have occurred on the date stated above, at ... 9 9 1 day, ---- hrs. 11 The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. 8. Trada, profession, or particular OCCUPATION kind of work dona, as SPINNER, House 9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. may plnods 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)_____ (Stata or country) FATHER R.W.Ritenour 13 NAME See 14. BIRTHPLACE (city or town)_____ (State or country) plai carefully MOTHER 15. MAIDEN NAME Virtie. Helsley 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?... (Specify city or town, county and State) Melvin. F.Coffman Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT plnods Cumberland. Md (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury AUSE Place Oodstock. Va Date Dec. 2.1932 mation LION Nature of injury John.C. Wolford 24. Was disease or Injury In any way related to occupation of daceased? 19. UNDERTAKER Cumberland. Md If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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Count Cly Count Within (ORPORATE LIMITS Registration Dist. No. No. 4/7 Springer St. 6-2
Length of residence in city or town where death occurred	(If death occurred in a hospital organistation, give it NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Stillegin (Lug	hendur
(a) Residence: No. 7// Set (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temple White S. SINGLE, MARRISO, WIDOW OR DIVORCED (write the wo	
e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased supplies the supplies of the suppl
DATE OF BIRTH (month, dey, and year) AGE Years Months Days If LESS 1 day,	an to have occurred on the date stated above, atAm,
stelled or mi	I THE I WINCILMS CHOSE OF DEWILD and related conses of thispottence
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Premature
10. Date deceased last worked et this occupation (month and year)	Vesta -
Z. BIRTHPLACE (city or town) wheelang	Other Contributory Causes of importance:
State or country 3 Mar 13. NAME Char B. Coughenou	
13. NAME (NAV 13. (Stylenou) 14. BIRTHPLACE (city or town). Hyndman (Stylenous country)	Neme of operation Date of
(State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Sau Mengas 16. BIRTHPLACE (city or town) Jaynamologic (State or country)	23. If death was due to external ceuses (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? Dete of Injury, 19 Where did injury occur? (Specify city or town, county and State)
7. INFORMANT / WA Chas 13. Congruenos (Address) 4/7 Spang daws Cul 8. BURIAL & REMATION. OR REMOVAL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Oughly Clyn Date Nov /41	Menner of injury
9. UNDERTAKER (Address) Contract m	24. Was disease or injury in any way related to occupetion of decoased?
of the second second	(Signed) MESONERS

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related/causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 55 6 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH Part publish.	STATE OF MARYLAND
County allegany WITHIN CORPORATE	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Confusion (No. Des	Ward) (If death occurred in a hospital or institution, give its NAME irstead of street and number.)
PERSONAL AND STATIST CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH , 192 Davenser (Month) 2 4 (Day) /93 2 (Year)
(Month) (Day) (Year) 7 AGE If LESS than	that I last saw halive on, 192,
yrs	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) allegany Country Md.	Contributory Manager Secondary Secondary Duration)
FATHER Day Crites	(Signed) (Address) Juribuland and
OF FATHER (State or country) 12 MAIDEN NAME)	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal.
of MOTHER Gearl alderton	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Hest Virginia	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Cretes	usual residence
(Address) Voldow md	Memorial Haspital Nov 24, 1934
15 Filed Tow 2 4 192 34 Hurney A Mars	· 20 UNDERTAKER Memorial Hospital Combeylages

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> carbolic acid-probably suicide. The n.ture of the injury, tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUIGIDAL or HOMICIDAL "PUERPERAL septicaemia," "PUERPERAL peritonitis, atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia, ""Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid Chronic etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. I N. B., should state

STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH	1619
1. PLACE OF DEATH			Gity Limits	
County afth Sam	n-		Registration Dist. No.	4
Village or City Com	Mano	1 MA	No. St., St., f death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of residence in city or town whe	re deeth occurred		ds. How long in U.S.If of foreign birth?	
2. FULL NAME Jan	125 7	Ergss)	
(a) Residence: No. / Bea	(Usual place	e of abode)	## 3st., Ward. If nonresident give city or town an	d State
PERSONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Dey)	., 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of HUSBAND	Eras	S C	22. OF HEREBY CERTIFY, That I attended	I deceased from
6. DATE OF BIRTH (month, day, and year)	X1114-	8-1932	lest saw harmalive on Sef 3 1 1 1937	death is said
7. AGE Years Months	Deys	If LESS than	to have occurred on the date stated above, at 12 from.	
1 3	128	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular				Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	e e e		Contero	about
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and			Calili	Oct
SAW MILL, BANK, etc	11 Total	time (veere)		7-5
this occupation (month and year)	Sp.	time (years) ent in this		1932
12. BIRTHPLACE (city or town)	berlan	LR193	Other Contributory Causes of importance:	
(State or country)	JAN T			
13. NAME 14 COLON	teroso			
13. NAME Apphor 14. BIRTHPLACE (city or town)	m	ref.	Name of operation Date of_	
(State of Country)	2 10/-		What test confirmed diegnosis? Was there an	eutopsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	1 Win	Histop	23. If deeth was due to external causes (VIOL ENCE) fill in also the following	IE:
O 16. BIRTHPLACE (city or town)		Lett. D.	Accident, suicide, or homicide? Dete of Injury	, 19
17. INFORMANT Bashar	Cerar	3	Where did Injury occur? (Specify city or town, county and State of Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLANTS.)	ite) LACE.
(Address)	mbso	land me	5	
18. BURIAL, CREMATION, OR REMOVAL	Pate Ma	15 / 19 32	Manner of Injury	
0-0	: 11/-		Nature of injury	
19. UNDERTAKER (Address)	V. Waling	and	24. Was disease or injury in any way related to occupation of deceased?	
(Audiess)	1	Monday	(Signed) MRB Cover	2
20. FILED 3 , 19.3	Valuey)	Registrar.	(Address) 330 =	M. D.
1		Alegated.	" (rivaliss)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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BUREAU V. P.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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DEC 9 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

of OCCUPA.

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH
111111	
County allessay	Registration Dist. No.
1 2 //	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredwrsmos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Catherine Guginia	Adar
(a) Residence: No. January (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (**orite the word)	21. DATE OF DEATH And 29 193 2 (Month) (Date (Year)
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of (or) WIFE of Januel Dare.	22. I HEREBY CERTIFY. That I attended deceased from 1937, to 2001 29, 1937
6. DATE OF BIRTH (month, day, and year) Peter 6 1867	I last saw h_ alive on us. 28 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at J
65 9 24 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral / Yemowhose 1/2//3
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc.	
Spell III (1113 / 1/2/2)	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Hamps July County	
(Stata or country) West Therein	
13. NAME Welliam Grances Dorsey	
14. BIRTHPLACE (city or town) Met. Anound f	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Not Trasum	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(Stata op country)	Where did injury occur?
17. INFORMANT Grace Grinning ex.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Cumfuland told	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Springfilld Will Date NIC 1 1932	Natura of injury
19. UNDERTAKER S. S. Boal (Address)	24. Was disease or injury in any way ralated to occupation of deceased? WO
20, FILED 11/30/32 19 E. Don Fylorens	If so, specify (Signed) 2. Don Johnson M. D
Registrar.	(Address) Saralacure Md

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill." ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related caus of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car \ 7551 8	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		ECENTRE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
*	8		

V. S. No. 1

	infor-	state	UPA-	
	N. B WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	every i	IANS	ment c	
	RD. E	[YSIC]	state	
	RECO	. PH	Exact	
52	VENT	TLY	fied.	
ARGIN RESERVED FOR BINDING	RMA	XAC	classi	
JR B	A PE	ted E	perly	TION is very important. See instructions on back of certificate.
D FC	SI SI	e sta	be pro	of cert
RVE	HT-	bluo	may l	back o
YESE E	INK	GE sh	hat it	no st
Z	NION	d. A(, so tl	uction
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7 7	-WR1	matio	CAU	TION
V . C. INO. 1	. B.			
>	Z			

County Allegany WITHIN CORPORATE LIMITS Registration Dist. No. Village or City Cumberland Md. No. Memorial Hospital Street Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U.S. if of foreign birth? yrs. 2. FULL NAME Garland Davis, (a) Residence: No. Vindex Md. St., Ward. (Usuni place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White Or Divorced (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than to heve occurred on the date stated ebove, at 6:30A m.	and number)mos
Village or City Cumberland Md. No. Memorial Hospital, St. (If death occurred in a hospital or institution, give its NAME instead of street Length of residence in city or town where death occurred. 2 ds. How long in U.S. if of foreign birth? yrs. 2. FULL NAME Garland Davis, (a) Residence: No. Vindex Md. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male 4. COLOR OR RACE White OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. If married, widowed, or divorced HUSBAND of (or) WIFE of 1. DATE OF DEATH November 11, (Month) (Day) 22. 1. HEREBY CERTIFY, That I attee 1. O. 1932, to 1. DATE OF BIRTH (month, day, and yeer) 1. Date on the property of t	and number)mos
(If death occurred in a hospital or institution, give its NAME instead of street Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U.S. if of foreign birth? yrs. 2. FULL NAME Garland Davis, (a) Residence: No. Vindex Md. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male 4. COLOR OR RACE White White 5. SINGLE, MARRIED, WIDOWED, ORD, VORCED (write the word) 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of 21. DATE OF DEATH (Month) (Day) 22. I HEREBY CERTIFY, That I attee the word) 12. Liast saw have alive on the list of the word of the last saw have alive on the library of the last saw have alive on the library of the last saw have alive on the library of the last saw have alive on the library of the last saw have alive on the library of the last saw have alive on the library of the last saw have alive on the library of the last saw have alive on the library of the last saw have alive on the library of the last saw have alive on the library of the last saw have alive on the library of the last saw have alive on the library of the last saw have alive on the last saw have saw have alive on the last saw have alive on the last saw have saw have alive on the last saw have alive on the last saw have alive on the last saw have saw have alive on the last saw have saw have alive on the last saw have alive on the last saw have saw	and number)mos
Length of residence in city or town where death occurred yrs, mos. 2 ds. How long in U.S. if of foreign birth? yrs, ward. 2. FULL NAME Garland Davis, (a) Residence: No. Vindex Md. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of 1. DATE OF BIRTH (month, day, and yeer) March 27, 1927. 1. Iter EBY CERTIFY. That I atter the same alive on the	and State H , 193 2 (Year)
(a) Residence: No. Vindex Md. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DVORCED (write the word) 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) March 27, 1927. St., Ward. MEDICAL CERTIFICATE OF DEATH NOVember 11, (Month) (Day) 22. 1 HER EBY CERTIFY, That I atte	H, 193 2 (Year)
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male 4. COLOR OR RACE Male White 5. SINGLE, MARRIED, WIDOWED, OR DLYORCED (write the word) 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) MEDICAL CERTIFICATE OF DEATH NOVember 11, (Month) (Day) 22. I HEREBY CERTIFY, That I atte	H, 193 2 (Year)
PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male 4. COLOR OR RACE White Or Divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH NOVember 11, (Month) (Day) 22. I HEREBY CERTIFY, That I atte	H, 193 2 (Year)
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR LIVORCED (write the word) 5. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 5. SINGLE, MARRIED, WIDOWED, OR LIVORCED (write the word) 21. DATE OF DEATH November 11, (Month) (Day) 22. I HEREBY CERTIFY. That I atte	, 193 2 (Year)
Male White Or Divorced (write the word) 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) OR DivorceD (write the word) November 11, (Month) (Day) 22. I HEREBY CERTIFY. That I atte	(Year)
HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY. That I atte to the property of	
6. DATE OF BIRTH (month, day, and yeer) March 27, 1927. I last saw h air alive on 10-,19	
to have occurred on the date stated epoye, at the manual of the date stated epoye, at the manual of the stated epoye, at the stated epo	eeth is sai
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	
9 Trade profession or nativula-	Date of onse
SAWYER, BOOKKEEPER, etc. Industry or business in which	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	
10. Date deceased last worked at this occupation (month end spent in this occupation wear) occupation	
Other Contributory Causes of Importance:	
(Stete or country) Maryland, Grandle Presude	9 900
13. NAME Robert B. Davis.	
13. NAME Robert B. Davis. 14. BIRTHPLACE (city or town) Name of operation. Date	of
(State or country) Wally Tailed What test confirmed diagnosis? Was there	
15. MAIDEN NAME Audie Stewart, 23. If death wes due to externel causes (VIOLENCE) fill in also the followed	wing:
15. MAIDEN NAME Audie Stewart, 16. BIRTHPLACE (city or town). (State or country) Maryland, 23. If death wes due to externel causes (VIOL ENCE) fill in also the followed by the country occur? Where did injury occur?	, 19
17. INFORMANT Memorial Hospital, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC (Address) Cumberland Md.	State) PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place Manner of Injury Nature of Injury	
19. UNDERTAKER	?
20. FILED CAS 12 , 1534 Harvey Registrar. (Address) Q M. Lew	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago	
Comban law orthogo	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.	1			
Other contributory causes of importance:	ا	Other contributory causes of importance:		
Gallstones	May 1,1923	Gustroenteritis	1 year	
		e		

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may

1	24	5	6
	9		

1. PLACE O	F DEATH			9	
County	Allegany			Registration Dist. No. 105	
	City Vale Summ	10:4			Ward
	ME Stillb				
	nce: No.	(Usual place		St., Ward. If nonresident give city or town and State	
PERSON	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	-
s. sex Female	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH November 7, 193 (Month) (Day) (Yea	2
ia. If married, widow HUSBAND of (or) WIFE of	wed, or divorced			22. I HEREBY CERTIFY, That I attended deceased	
5. DATE OF BIRTH 7. AGE Yes	(month, day, and year) No	vember Deys	7, 1932 If LESS than 1 day,hrs. ormin.	I last sew h elive on 19 death to have occurred on the dete stated above, at	>
9. Industry or work wa SAW MII 10. Date deceas this occu year)	ession, or particular work done, as SPINNER, ,, BDOKKEEPER, etc business In which is done, as SILK MILL, LL, BANK, etc used last worked et ipation (month and	spei occu	me (years) nt in this pation	Stillborn (3 mos vetus) Dther Contributory Causes of importance:	
(State or cou		avis			
		land.		Name of operation Date of	
	F (city or town)	Virginis	1	23. If death wes due to external ceuses (VIDLENCE) fill In elso the following: Accident, suicide, or homicide?	
	TION, OR REMOVAL	Date	, 19	Manner of injury	
9. UNDERTAKER	,19.3 × Q	Rita	Épin Registrar.	24. Was disease or injury in any way related to occupation of deceased? It so, specify (Signed) (Address)	_M. D.
	If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 11	

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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The principal cause of death and related car of importance were as follows:	uses Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
927 Peritonitis	3 days ago
Other contributory causes of importance: 923 Gastroenteritis	1 year
,1.	Run over by street car Peritonitis Other contributory causes of importance:

OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrltis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RURFAU Y. S.			
Other contributory causes of importance:			
other contributory causes of importance:	1 2 2 3 4	Other contributory causes of importance:	A STATE
Gallstones	May 1,1923	Gastroenteritis	1 year
			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		E	xample II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of d of importance were as fo	eath and related causes llows: A	Date of onset
Arteriosclerosis	1915	Attack of epilepsy		1 week ago
Chronic interstitial nephritis	1921	Run over by street car	61 bt 3 350	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis 8		3 days ago
			G = 1/209	
Other contributory causes of importance:		Other contributory cause	s of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11625 -
1. PLACE OF DEATH	
County allygamy. WITHIN GORPOR	ATE LIMITS Registration Dist. No.
Village or City Cirm Herland	ND. allegany Hospitalse, 4 War
(If Length of residence in city or town where death occurred 60 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. 4 of foreign birth? yrs. mos. ds
2. FULL NAME Heland Elksham	
(a) Residence: No. 227 Arch	St6 Ward.
(d) Residence: ND. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 600 DIVORCED (write the word) 5a. If married, widowed or divorced	21. DATE OF DEATH W. 4 (Day) (Year)
HUSBAND of Jac. H. Lehshaw	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 8 45 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Chranic Myo Cardilis Data of onset
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL. SAW MILL, BANK, atc. 1D. Date deceased last worked at this occupation (month and the property of the property of the property of the security of the property of the p	
this occupation (month and 1932 spent in this years) 12. BIRTHPLACE (city or town) (Stata or country)	Dther Contributory Causes of importance:
13. NAME Zerk	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Now Dete of Dete of What test confirmed diagnosis? Sulfamma dum Was there an aulopsy? W
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMAN (Address) 2 2 7 and 3 . C. C.	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Property Date Transport 1932	Manner of Injury
19. UNDERTAKER (Address) England 900 d.	24. Was disease or injury In any way related to occupation of deceased? NO If so, specify (Signed) AND
20. FILED 1932	(Address) LVY Bufferd St. Mg.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Gallstones	May 1,1923	Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		
			+	

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 11626
1. PLACE OF DEATH	93-2
County Ally garage	Registration Dist. No.
Village or City Stoffman Mines	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 6 yrs	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Wm Closert Eisents	out
(a) Residence: No. Total (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
24 0 165	193/, to 201/2 1952
6. DATE OF BIRTH (month, day, end year) // AL LO /8 /2 7. AGE Years Months Deys if LESS than	West sew harmalive on Angles of 19 3 2 death is seid
60 7 99 lay. — hrs.	to heve occurred on the dete stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
1 ~~~ 101	were extollows:
8. Trade, profession, or perticular kind of work done, es SPINNER, Coal Miles SAWYER, BDDKKEEPER, etc	chonce mysearans 1931
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked at this occupation (month and	auxian Das E la Mat
9. Industry or business in which work wes done, as SILK MILL, Co. A. MILL, BANK, etc.	occouring a just many
10. Dete deceased lest worked at this occupation (month and spent in this	
year) occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME WM Essent ut	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)	Neme of operetion Date of What test confirmed diagnosis? Was there en eulopsy?
15. MAIDEN NAME Christe He fort	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Christon Hiskert 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Md	Where did injury occur?
17. INFORMANT La had Executive	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Twitters The	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Stockery Detellow 13, 1932	Neture of injury
19. UNDERTAKER J. J. Lenst. (Address)	24. Wes disease or injury in any wey releted to occupation of decessed?
11/4 000/10161	(Signed) farest M.D.
20, FILED / 7 , 193 V (L) Vs / CURCO. Registrar.	(Address) (Address)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BELLEVILLE SAN SAN SAN			
Other contributory causes of importance:		Other contributory causes of importance:	200 F
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

1. PLACE OF DEATH	DECERTIFICATE OF DEATH
County allegand	Registration Dist. No.
Village or City Watershort, mo	No. St., Wal
Length of residence in city or town where death occurred yrs.	mosds. How long in U.S. if of foreign birth? yrsmos
2. FULL NAME Jonas Fragenta	ker
(a) Residence: No./ Wetterpart md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the w	rd) / 193 2
. If married, widowed, or divorced	
(or) WIFE of Flassee M. Fragentak	22. I HEREBY CERTIFY. That I attended deceased from 1938, to Nov. 7, 193
DATE OF BIRTH (month, day, and year)	96 I last sew h. Mar alive on hour 7 , 1932; death is sa
AGE Years Months Days If LESS 1 day,	
36 1 1 13 orm	I THE I KINCH AL CAUSE OF DEATH and related causes of importance
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	400 Janonas Tlymph NOVI
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) separating (month and	cell) (Cenvicul)
10. Date deceased last worked at this occupation (month and 1931 spent in this 20 occupation 20	chro.
2. BIRTHPLACE (city or town) Saylett County (State or country) Manuland	Other Contributory Causes of importance: Adamonlages Jokenina Nov.
13. NAME alno Bazentaker	
14. BIRTHPLACE (city or town) Gassell Count	Name of operation
(State of country)	What test confirmed diagnosis? Mucroscafes Was there an autopsy?
15. MAIDEN NAME amondo faten	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Larsette Count (State or country)	Accident, suicide, or homicide?
1. INFORMANT Howard C. Michael (Address) mustern front	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION OR REMOVAL	3.2 Manner of injury
Place Trettentest mad Date 11.	Nature of Injury
O. UNDERTAKER A.S. Boal (Address)	24. Was disease or injury in any way related to occupation of deceased? No.
O. FILED NOV. I , 1932 Q J Feyholiakses	(Signed) Or Josephulakar M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	į	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhoge	July 5,1927	Peritonitis AVENDE	3 days ago
		1935 1935	
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gostroenteritis	1 year

V. S. No. 1

NT RECORD. Every item of infor-	LY. PHYSICIANS should state	d. Exact statement of OCCUPA-	
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH WITHIN CO	ORPORATE LIMITS PARTY OF THE PA
County Leaves	Registration Dist. No.
Village or City Community (If	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME INTEREST ALLO	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR MACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1, 211	Nor 24 1932, to November 1935
6. DATE OF BIRTH (month, day, end year) Wor, 27 - 3 2	I last saw h alive on , 19; death is said
7. AGE Yeers Months Deys If LESS than 1 day, hrs.	to heve occurred on the date stated above, at 12226 m. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	pare of officers
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased lest worked at this occupation (month and	A my what
work was done, as SILK MILL, SAW MILL, BANK, etc.	
year) occupation occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME July July 15	
14. BIRTHPLACE (city or town) Bullsburg	Name of oparation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME DECTOR OFFERY	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State of Country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place 10 10 10 10 10 10 10 10 10 10 10 10 10	Manner of injury
19, UNDERTAKER James Fille	24. Was disease or Injury in any wey related to occupation of deceased?
(Addiess)	If so, specify
20. FIRE W 24, 1937 Hakuy J. Registrar.	(Signed) M. D. (Address)
76 11-1 11 11 C. D.	N. C. J. C. B. C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	E.D.	Example II		
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1021	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	Moy 1,1923	Gastroenteritis	1 year	

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of importance were as follows: Arteriosclerosis 1915 Attack of	rtance were as follows: f epilepsy by street car S A Transport	Date of onset 1 week ago 1 week ago
Chronic interstitial nephritis 1921 Run over	by street car SA A TO	
	by street car 'S A . The car	
Cerebral hemorrhage July 5,1927 Peritoniti		
AND THE RESIDENCE OF THE PARTY	is	3 days ago
	0EC 9 1835	
	ontributory causes of importance	
Gallstones May 1,1923 Gastroente	teritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement AGE should be stated EXACTLY. ARGIN RESERVED FOR BINDING mation should be carefully supplied. B.—WRITE PLAINLY, WITH

V. S. No. 1 ż of OCCUPA.

STATE OF MARYLAND—	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(a) 11000
County allegans.	ORATE LIMITS Registration Dist. No. 4
Village Dr City Combined	No. allegany Hostitel St., 4 Ward
	If death occurred in a hopoital or institution, give its NAME instead of street and number) s
2. FULL NAME alma In. Frants	113
	01 2) W. 4
(a) Residence: No. 109 Yr. Curul (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) 19th 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of Corp. WIFE of Consump Revenue	1 HEREBY CERTIEY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 16 1866	I last saw h elive on They . 18 ft. 19 3 2 death is seid
7. AGE Yeers Months Days If LESS than	to have occurred on the date steted above, et 4
65 11 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end retated causes of importance were as follows: Data of onset
8. Trede, profession, or particular hind of work done, as SPINNER SAWYER, BOOKKEPER, etc. These of the same of the	Menty muguiono
F SAWTER, DOURNEEPER, CITY TO THE PERSON OF	apparticulis (Kujaunes 11-15-3
9 Industry or business in which work was done, es SILK MILL Alender. (Rutured) 10. Date deceased last worked et this occupation (month and this occupation	ranne ryounus.
10. Date deceased last worked et this occupation (month and 1922 spent in this occupation wear)	1
12. BIRTHPLACE (city or town) - Grade or country)	Other Contributors Course of importance:
13. NAME Poselle Frank	
14. BIRTHYLACE (city or town) Qnd.	Name of operation Appurhishing Date of 11-15-8. What test confirmed diagnosishing all the support of the suppo
15. MAIDEN NAME Kose Ann Smith	23. If death was due to externat causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Place Stell Com Date MN 2/, 19.37	Nature of injury
19. UNDERTAKER Amis Stem Jac. (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED MY A1 , 1934 Hakuly A News	(Signed) J22 Biologo W. M. D
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as groeery store, soap factory, cotton mill, etc.

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Example I Example II The principal eause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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N. B.-WRITE

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

1. PLACE OF DEA		F MARYLAND-	-CERTIFICATE	OF DEA	TH 1	1631,
County 9 LL		WITHIN CORP	ORATE LIMITS	Registration	Diet Me	4
Village or City	Curch	herland	No. 6 16 (If death occurred in a hospital or institu	111		6 -/ Wa
Length of residence in ci	ty or town where d	eath occurredyrs,n	osds. How long in U.S. if o			
2. FULL NAME	lem	4 46 hard				
(a) Residence: No	cuff	(Usual place of abode)	St., Ward.	If nonresident	give city or town a	nd State
PERSONAL AN	D STATISTI	CAL PARTICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SEX 4. COLO	R OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Nov.	3	, 193 Z
5a. If merried, widowed, or divo	rced //-/	- 10		(month)	(Dey)	(Teal
HUSBAND of WELLS	z-ysho	Tell.	22. OUT / HEREBY	CERTIF	Y. That attended	ed deceased i
6. DATE OF BIRTH (month, day	, and year)	uly 11 874	I last saw h alive on	no 1,	, 19.3	; death Is
7. AGE Years	Months	Days (If LESS than	to have occurred on the dete state		-Qm.	
78	3	29 1 dey,hi	The PRINCIPAL CAUSE OF DEAT were as follows:	H end related cause	es of importance	Data of o
8. Trade, profession, or pe	erticular	d 14 - 5			P	Data 010
kind of work done, SAWYER, BOOKKEE		rocky & Mial	Coccur	ma of	lower	
9. Industry or business in work was done, as S	SILK MILL,	Marchand	0	0		193
9. Industry or business in work was done, as S SAW MILL, BANK, 6 10. Oate decased last work this occupation (more than the		11. Total time (years)	up + 1	ru		
o this occupation (more	nth end	11. Total time (years) spent in this occupation	/////			
			Other Coutributary Causes of Impo	ortance:		
12. BIRTHPLACE (city or town) (State or country)			- Toxem			10-10
I I 3. NAME	inkon	11.11				
Ξ (- Lu	اتمر		
(Stete or country)	wn)	cuknow	Name of operation	lene	Date of	
15. MAIDEN NAME	B			Allos Friors &		n eutopy
	AL TAGE	- www	23. If death was due to external cau Accident, suicide, or homicide?			
O 16. BIRTHPLACE (city or to	wn)	unkan	Where did injury occur?		vate or injury	, 19
17. INFORMANT Mail (Address)	Ciass.	4 sharf	Specify whether injury occurred in	(Specify city or I INOUSTRY, in HO	town, county and S ME, or In PUBLIC	PLACE.
18. BURIAL, CREMATION, OR R	EMOVAL		Manner of Injury			
Place MAT. TI	MAMO	Date 1/5 19.3	Nature of injury		****	
19. UNDERTAKER (Address)	mo	Wolf king	24. Wes disease or injury In any w	ay related to occupa	ation of deceased?	two
20. FILED LOUS	1937000	ruey I Decar.	(Signed)	Lynn	Das	<u></u>
	7.0		(Address)			1

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: THEORIVED Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11632
County Allegen WITHIN CO	PRPORATE LIMITS Registration Dist. No.
Village or City Carlotte	No. 330 Pear St. 2 Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stillborn Halles	
(a) Residence: No. 320 Percon (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARKIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Bay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 27, 193 2, to 27, 193 2
6. DATE OF BIRTH (month, day, and year) Por 2 5 m /93 2	1 last saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. //.32 m.
ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Ralporit Fre
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 Date deceased lest worked at this occupation (month end	meentale.
SAW MILL, BANK, etc	" untilicial Cord proloped
this occupation (month and spent in this occupation occupation	Other Contributory Causes of importance: and fully
12. BIRTHPLACE (city or town) kurnheelland (State or country)	culling of crewbel
1 00:	Paly stillen
13. NAME Alexen C. Holling 14. BIRTHPLACE (city or town) Limited and Control of Control	Name ef operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city er town) Crasselles	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Clair & Harley	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Poul 28, 1937	Menner of injury
19. UNDERTAKER (Address)	24. Wes disease or injury in any way releted to occupation of deceased?
20. FILED LOW 2017, 1937 Harvey A Muse	(Signed) Falan Sham M.D. (Address) 4/2 So Charled

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 6 1922	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	1951
Gallstones	May 1,1923	Gastroenteritis	1 year

Ĉ	ORPORATE LIMITS (9)	/
	Registration Dist. No.	4
lf os.	No Line St., death occurred in a berbital or institution, give its NAME instead of street and number of the long in U.S. W of foreign birth?	
	St., Ward Three Chusches (If nonresident give city or town and s	n. Uq
_	MEDICAL CERTIFICATE OF DEATH	
	21. DATE OF DEATH (Month) (Day)	193.2 (Year)
	22. HEREBY CERTIFY. That I attended on 1931, to 1937. I last saw have elive on 1937. to have occurred on the date stated above, at 205 P.m. The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:	; death is said
	Neabelie	18 Moully
	Diba Contributory Causes of importance: R. R. 9	2 m -
-	Name of operation augustation R. A. G. Dete of M. What test confirmed diagnosis? Was there an augustation of the confirmed diagnosis?	
-	23. If death was due to external ceuses (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?	, 19
	Manner of injury Nature of injury 24. Was disease or injury in any way related to occupetion of deceased?	
-	(Signed) (Address) / 34 White St	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 6 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	ohritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURLAU V S.	July 5, 1927	Peritonitis	3 days ago
	M 9			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
datesones		May 1,1925	Ausa venterus	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 11634
1. PLACE OF DEATH WITHIN CO.	RPORATE LIMITS (49)
Village or City Worldand	Registration Dist. No.
(II	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in the or town where death becomed yes	How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. 41, 30000	St. G-Tward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Mith S. Single, Married, Widowed, OR Divorced (write ford)	21. DATE OF DEATH WOV. 23 19332 (Yeer)
5a. If married, widowed, or divorced HUSBAND of Corp WIFE of Adam Husband	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month/dey, and year)	I law saw har alive on now 27, 137; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of onset Christian Chout
kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Jan 183,
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Hust Vingmid	Other Contributory Causes of Importance:
13. NAME Sev Woland	
13. NAME SEV PLOCONAL 14. BIRTHPLACE (city or town) Plant I gama.	Name of operation of ysterectory Date of Jun 15/62
	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME I Ate Zilon 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Lub Date of injury 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Addy States Sta	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR DEMOVAL WOLLD 193 2	Manner of injury
19. UNDERTAKER 9. S. Buth	24. Was disease or Injury in any way related to occupation of deceased? Local If so, specify
20. FILED CAN 25, 1932 Marney Aller Registrar.	(Signed) MSB QUU M. D. (Address) 133 Va a
If we have been a set of the second	M.O. J. C B.L. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 6 1992	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AURTAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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. PLACE
County
Village or
Length of r
. FULL N
(a) Resid
PERSO
lule
If married, wid HUSBAND of (or) WIFE of
ATE OF BIRT
IGE Q
8. Trade, pro- kind o SAWY
SAW !
Date dace this or yaar)
BIRTHPLACE (State or c
13. NAME (
14. BIRTHPLA (State
15. MAIDEN
16. BIRTHPLA (Stata
INFORMANT (Address)
BURIAL, CREM

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Collegary WITHIN CORP	ORATE LIMITS Registration Dist. No.
Village or City Montherland	No. Allegrey Hospilat St. 4 Ward
Jel. (II	death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stafffare V	
(a) Residence: No. 7/8 Glenwood	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
. SEX 4. COLOR OF RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 04 2 2
Claude Will OR DIVORCED (write the word)	100, 00
a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. WY! HEREBY SERTIFY. That I attended deceased from
DATE OF RIRTH (month day and year) WV-23/932	I last saw h. in alive on how 13 2 death is said
DATE OF BIRTH (month, day, and year) AGE Years A Months Days LLESS-than	to have occurred on the date stated above, at 430 m.
Lelborn 1 (ay, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stillon
Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	Jacobsenlal
this occupation (month and spent in this occupation coupation)	Conomality -
Commenter	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) (State or country)	
13, NAME Louis alien	
0-1-0-0	
(State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Novine / Wasson	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Hazdalovan	Accident, suicide, or homicide?
(Stata or country)	Where did injury occur?
7. INFORMANT Lower Hier	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place allegan be lutyle 100 23, 1932	Nature of injury
9. UNDERTAKER James Stein Com	24. Was disease or Injury in any way related to occupation of deceased?
(Address) land and med	If so, specify
O. FILED DAV 2 3, 193 V Barreen Heese	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II	
death and related causes follows:	Date of onset
	1 week ago
2001 0 222	1 week ago
	3 days ago
ses of importance:	
	1 year
	ses of importance.

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEAT		F MAR		CERTIFICATE	OF DEATH	11636
County A	lonne	4	WITHIN CO.	RRODA- AII	Registration Dist/No.	4
	from let	Ind		No /	stitution, give its NAME instead of street	Ward and number)
Length of residence in ci	ty or town where d	leath occurred	yrsmos	ds. How Jong in U.S.	If of foreign birth yrsyrs.	mosds.
2. FULL NAME	1.10,000	Am	es (Sudant	-17	
	On the	111	1800	Ward.		
(a) Residence: No	Land - Care	(Usual place	of above)	(4)	If nonresident give city or town	
PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL	CERTIFICATE OF DEAT	H
3. SEX 4. COLO	R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEAT	(Month) (Oay)	, 193 (Year)
5a. If married, widowed, or divo	rcad			22. I HERE	BY CERTIFY, That i attor	nded deceased from
(or) WIFE of					1932 to wor	
6. DATE OF BIRTH (month, da	v and vear)	an 12	1930		Aug 13 ,19	
7. AGE Years	Months	Days	If LESS than	to have occurred on the date	stated above, at 442 m.	
2	11	3	1 day, hrs.	The PRINCIPAL CAUSE OF D	EATH and related causas of Importance	Date of onset
8. Trada, profession, or p kind of work dona. SAWYER, BOOKKEI D. Industry or business in work was done, as SAW MILL, BANK, O. Date deceased last wo this occupation (me	as SPINNER, EPER, etc n which SILK MILL.			Meun	getis tuterculu	Mur I_
0. Date deceased last wo this occupation (mo year)		spa	ime (years) nt in this upation	Other Contributory Causes of	importance:	
12. BIRTHPLACE (city or town) (State or country)	X Jun	surn.		gerrende"	Turculous	7 3 yr
13. NAME 14. BIRTHPLACE (city of the country)	Jelman	1 Vm	200	_		
14. BIRTHPLACE (city of	bwn)	ansejo	vale		Date	
(State of country)	1 NO	1/02			? Was ther	
15. MAIOEN NAME 16. BIRTHPLACE (city or t	coran	1/6	may		i causas (VIOLENCE) fili in also the foli	
O 16. BIRTHPLACE (city or t	own) / /	en Mu	ago?	-	? Date of injury	, 19
17. INFORMANT Beny	1 9	nyes	2.1	Where did injury occur?	(Specify city or town, county an led in INDUSTRY, in HOME, or in PUBL	d State) IC PLACE.
(Address) 18. BURIAL, CREMATION, OR	REMOVAL A	1 care	32	Manner of injury		
Place Streen	Klage	Mate nov				
19. UNOERTAKER (Address)	uf S	mey	io Tra		ny way related to occupation of decease	
20. FILES 200 14	1937 0	Varuel	Ty Wees. Registrar.	(Signed) (Address) (Address)	surfue and	ug. M. D.
	If more	blanks are needed	address State Registras	24TT N. Charles Street, Baltimor	e. Requesting V. S. No. 1.	

CEDTICICATE OF DEATH

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Example I	district the second sec	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
county allegany WITHIN COR	PORATE LIMITS Registration Dist. No.
Village or City Lechelridand	No. Clayler St. 3 Ward
Length of residence in city of town where death occurred 50 yrs	death occurred in a hospital of institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FOLL NAME TO SULLA TO SULLA TO	12
(a) Residence: No. V VV Reducch	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White Marie (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mildred 7	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:85m.
6970 B 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Meraliaut	Keneral Paralysis Cur
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Kuozon
10. Date deceased last worked at	Athe mane
this occupation (month and 1930 spent in this occupation occupation	
12. BIRTHPLACE (city or town) & Cultatora	Other Contributory Canses of importance:
(State or country)	
13. NAME Johna John and	
13. NAME 14. BIRTHPLACE (cn. or town) (Stella or country)	Name of operation Date of
(State or country) Where	What test confirmed diagnosis alvo Sking Walners an autopsy? 200
15. MAIDEN NAME Haral Elbin	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Saral Elbica 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Data of injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mildred & Johnson	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place Polish M Gas 1 Date NOV. 1/3 1932	Manner of injury
2	Neture of Injury
19. UNDERTAKER THESE STEELS STEELS STEELS STEELS	24. Was disease or injury in any way rolated to occupation of daceased?
	(Signed) The State of the State
20. FILED 23, 1937 Makely Files. Registrar.	(Address)
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		· Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAproperly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. WRITE PLAINLY, WITH

1. PLACE OF DEATH	(2)
County Olly any	Registration Dist. No.
Village or City Woodshand	No. St. Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsds.
2. FULL NAME En Park	1/2.1.
	a way was
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) OR DIVORCED ("write the word)	21. DATE OF DEATH NOW, /3 th , 193 ² (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Chase Called	22. I HEREBY CERTIFY, Thet I ettended deceased from 1931, to Nov. 13 1932
6. DATE OF BIRTH (month, day, end year)	I last saw h_ LL alive on _ LAT. / 2 th, 19 3 th ; deeth is said
7. AGE Years Months Days If LESS than I day,hrs.	ware be follows:
8 Trade rotession or particular	Chimie Interstitied hebitatio hor 2.1971
9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
O 10. Oete deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town). A lastification (State or country)	Other Cantributary Causes of Importance:
II 13. NAME Charles Sol	
13. NAME Charles Cehr 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Oete of Whet test confirmed diagnosis? Westhere en eutopsy?
IS. MAIDEN NAME Man & Q & I	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIOEN NAME Mary a Sudah 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State of Country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Date 1931	Manner of Injury
19. UNOERTAKER THE MENT	Nature of injury 24. Was disease or injury in any wey releted to occupation of deceased?
(Address)	If so, specify
20. FILEO MOSS , 1921- R. Ifakelis Registrar.	(Signed) M. M. enrucit M. D. (Address) Midland M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JAN 7 1883	July 5,1927	Peritonitis	3 days ago	
	ETRECAU V.S.	- P			
Other contributory ca	auses of importance:	100	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—V

Village or City. CUMBERIAND No. MEMORIAL HOSP TTAL St., Length of residence in city or town where death occurred yrs mos. 9 ds. How long in U.S. if of foreign birth? Yrs. 2. FULL NAME KEEFER SARAH MRS (a) Residence: No. GLENGOE PENNA St., Ward. FERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE WHITE OF PENNA S. SINGLE MARIED, WINDWED OF LIVERED Grant to word) FEMALE WHITE STATE OF BIRTH (month, day, and year) FOD. 23 1871 7. AGE Years Months Days If LESS than 1 day,	4
Length of residence in city or town where death occurredyrsmos. 9 ds. How long in U.S. If of foreign birth?yrs 2. FULL NAME KEEFER SARAH MRS (a) Residence: No. FLENCOE PENNA (Uualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	6-1
2. FULL NAME KEEFER SARAH MRS (a) Residence: ND. GLENGOE PENNA (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE WHITE 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED OR MYDERED Carrie the word) 52. If married, widowed, or divorced HUSBAND of (or) WIFE of KEEFER SIMON 52. If married, widowed, or divorced HUSBAND of (or) WIFE of KEEFER SIMON 5. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 10. Date General season as SPINNER, SAWYER, BOOKKEPER, etc. 10. Date General	nd number)
(a) Residence: ND. GLENCOE PENNA (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	_mos
Clust place of abode PERSONAL AND STATISTICAL PARTICULAS 3. SEX	
3. SEX FEMALE WHITE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Cognic the word) WIDOWED So. If married, widowed, or divorced HUSBAND of (or) WIFE of KEEFER SIMON 6. DATE OF BIRTH (month, day, and year) Feb. 23, 1871 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular SAWYER, BOOKKEPER, etc. 9. Industry or Business in which work were done; as SINNNER, SAWYER, BOOKKEPER, etc. 9. Industry or Business in which work were done; as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at this occupation (month and year) SAW HILL, BARK, etc. 10. Date deceased last worked at this occupation (month and spart in this spart in this spart in this (years) STAMPLE (city or town) (State or country) FENNA 11. SIRTHPLACE (city or town) (State or country) FENNA 12. BIRTHPLACE (city or town) (State or country) FENNA 13. NAME ENGLEKA LOUIS 14. BIRTHPLACE (city or town) (State or country) FENNA 15. BIRTHPLACE (city or town) (State or country) FENNA 16. BIRTHPLACE (city or town) (State or country) FENNA 17. INFORMANT MEMORIAL HOSPITAL (Address) 18. BURIAL (REMATIGN, OR REMOVAL) Manner of injury	and State
FEMALE WHITE OR INVOKED (particle to word) 5a. If married, widowed, or divorced HUSSAND of (Or) VIFE of KEEFER SIMON 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 6. DATE OF BIRTH (month, day, and year) 8. Trade, profession, or particular kind of work done, as SPINNER, or. min. 8. Trade, profession, or particular kind of work done, as SPINNER, HOUSEWIFE 9. It less than to have occurred on the date stated above, at it is away in the principal causes of importance were as follows: 10. Date deceased last worked at this occupation (month and year) 110. Date deceased last worked at this occupation (month and year) 111. Total time (years) spent in this occupation (month and year) 112. BIRTHPLACE (city or town) (State or country) 113. NAME ENGIEKA LOUIS 114. BIRTHPLACE (city or town) (State or country) 115. MAIDEN NAME 116. BIRTHPLACE (city or town) (State or country) 117. INFORMANT 118. BURIAL (REMITION, OR REMOVAL) Manner of injury	1
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of KEEFER SIMON 22.	193
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 6. Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Judustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME ENGLEKA LOUIS 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME LANDIS ELIZABETH 16. BIRTHPLACE (city or town) (State or country) PENNA 17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND MARYLAND. 18. BURIAL (REMATIVA), OR REMOVAL Manner of injury	(Yea
6. DATE OF BIRTH (month, day, and year) Fob. 23, 1871 7. AGE Years Months 61 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPFER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year) (State or country) PENNA 13. NAME ENGIEKA LOUIS 14. BIRTHPLACE (city or town) (State or country) PENNA 15. MAIDEN NAME LANDIS BLIZABETH 16. BIRTHPLACE (city or town) (State or country) PENNA 17. INFORMANT MEMORIAL HO SPITAL (Address) CUMBERLAND MARYLAND Manner of injury	
7. AGE Years Months Days If LESS than I day,hrs. or	,
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Jindustry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME ENGLEKA LOUIS 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME IANDIS ELIZABETH 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND MARYLAND Manner of injury	, death i
8. Trade, profession, or particular kind of work done, as SPINNER. HOUSEWIFE 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME ENGLEKA LOUIS 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME LANDIS ELIZABETH 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREWATIGN, OR REMOVAL Manner of injury	
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) PENNA 13. NAME ENGLEKA LOUIS 14. BIRTHPLACE (city or town) (State or country) PENNA 15. MAIDEN NAME LANDIS ELIZABETH 16. BIRTHPLACE (city or town) (State or country) PENNA 17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND MARYLAND Manner of injury	Date of
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town)	1
Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town)	
12. BIRTHPLACE (city or town)	Di.
12. BIRTHPLACE (city or town) (State or country) 13. NAME ENGLEKA LOUIS 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME LANDIS ELIZABETH 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
(State or country) 13. NAME ENGLEKA LOUIS	-
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT MEMORIAL HOSPITAL (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
14. BIRTHPLACE (city or town) PENNA Name of operation What test confirmed diagnosis? Was there at the standard of th	
What test confirmed diagnosis?	
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and Security of injury occurred in INDUSTRY, in HOME, or in PUBLIC of the pu	n autopsy?
Where did injury occur? 17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND MARYLAND 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Mented did injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC Manner of injury	ing:
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17. INFORMANT NEW MORIAL HOSE LTAL Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC (Address) CUMBERLAND MARYLAND. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury	State)
18. BURIAL, CREMATION, OR REMOVAL	PLACE.
14 Kg 1 8 120 /VA	********
19. UNDERTAKE 24. Was disease or Injury In any way related to gccupation of deceased?	
(Address Beling Company of the Compa	•

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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		2, 4	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		9	

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RGIN

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-	CERTIFICATE OF DEATH 11642
1. PLACE OF DEATH	(122-0.)
County allegany	PORATE LIMITS Registration Dist. No. 4
Village or City Combuland Ind	No. alleg. Maghetal St., 4 Ward
Length of residence in city or town where death occurred Tayrs	death occurred in a hospital prostitution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? So yrs. mos. ds.
(a) Residence: No. Oak (Usual place of abode)	St., 5 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sa. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of Mary Bullow	22. I HEREBY CERTIFY, That I ettended deceased from 1932, to 19
6. DATE OF BIRTH (month, day, and yeer) May 30, 18 43	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	to heve occurred on the date stated above, et S - P m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Trangulated Fernand Hernia Date of onset
work was done, as SILK MILL, returned SAW MILL, BANK, etc.	
O 10 Date decessed last worked at this occupation (month and year) pent in this occupation coupation occupation	
12. BIRTHPLACE (city or town). Seamenty	Other Contributory Causes of importance:
I 13. NAME don't know	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Min. Mary Kriglein	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
19. UNDERTAKER CANAS Stein True (Address) Burnheil and Inc.	Nature of injury 24. Was disease or injury in any way related to occupetion of deceased? If so, specify
20. FILED DEC 3, 1937 Harvey of Meio	(Signed) of Address) annual Man. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage		Peritonitis	1 week ago
Coronat homorrazgo	July 5,1927		3 days ago
		GEARD	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
of it	ild s	CCU		
tem	shor	0 Jo		
ery i	SN	ent		
EV.	ICLA	tem		
ORD	HYS	t sta	1	
REC	Д.	Exac		
LZ	LY	d.		
ANE	CT	ssifie		
RM	XX	clas	ď,	
A PI	ed I	erly	ficat	
IS.	stat	prop	certi	
HIS	pe	pe	Jo	
L	plno	may	TION is very important. See instructions on back of certificate.	
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NG	AG]	tha	tions	
AD	ed.	18, St	truc	
NO	uppli	tern	e ins	
TH	ly s	lain	Se	
W	refu	in p	tant.	
NLY	e ca	ATH	npor	
LAI	ıld b	DE	ry in	
E P	shor	OF	s ve	
RIT	tion	USE	NC	
1	mai	CA	TIC	

		OF MARYLAND-	CERTIFICATE OF DEATH	3
	1. PLACE OF DEATH		lta)	
	County	WITHIN COR	PORATE LIMITS Registration Dist. No. #	
	Village or City		No. St., 5	_Ward
		death occurredyrs,mo	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmos	
	2. FULL NAME			
witters	(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Ye	
5a	if married, widowed, or divorced HUSBAND of (or) WIFE of	ovnen.	22. I HEREBY CERTIFY. That i attended deceses	
6.	DATE OF BIRTH (month, day, and year)	3024.17.1374		is sald
7.	AGE Years Months	Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	, versus and	Date of Tollows	ofonset
OCCUPATION	Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	mahawa Cop Make:	R Long ser	29%
000	10. Dete deceased last worked et this occupation (month end year)	11, Total time (years) spant in this occupation		
12	2. BIRTHPLACE (city or town) (State or country)	1.8	Other Coutributory Causes of importance:	~
ER	13. NAME		1	
FATHER	14. BIRTHPLACE (city or town)(State or country)		Name of operation Date of	
2		POW!	What test confirmed diagnosis? Was there an autopsy?	
MOTHER	16. BIRTHPLACE (city or town) (State or country)	M.C.	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	
17	INFORMANT	ayman 	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18	BURIAL, CREMATION, OR REMOVAL		Manner of injury	
	Place	Date 7	Neture of injury	
19	UNDERTAKER	71,007	24. Was disease or injury In any way related to occupation of deceased?	>
20	, FILED 200 14, 1937 Add	ruly A Merans	(Signed) & Alm Sham (Address) & Sum Co Calmbra	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OF IV	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
## DEC 6 1020			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH				
state UPA.	1. PLACE OF DEATH	<u> </u>				
should state of OCCUPA.	County Clegary WITHIN CORPORATE LIMITS Registration Dist. No. 4 Village or City No. No. No. No. No. No. No. No. 1400 State 6 War					
0		death occurred in a hospital or institution, give its NAME instand of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.				
PHYSICIANS ict statement	2. FULL NAME Itally Leasure					
ate.	(a) Residence: No. Frederick St. Ref	St., A Ward.				
st	(Usual place of abode)	If nonresident give city or town and State				
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
7	Female 1. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)				
X A C T I	Sa. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY That I attended deceased from				
Aass	(or) WIFE of	nov 8 19.8 210 hor, 8 1932				
	6. DATE OF BIRTH (month, day, end year)	last saw her aleas Nov. 8 1932 deeth is said				
	7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 4:30 Pm.				
stated properl	Stellbarn 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:				
be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	aborlion PAT2				
may back	Industry or business in which work was done, as SILK MILL,					
should t it may on back	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc					
	this occupation (month and spent in this occupation occupation					
supplied. AGI in terms, so tha See instructions	12. BIRTHPLACE (city or town) Carmbelland	Other Cuntributory Causes of Importance:				
ed.	(State or country)					
supplied n terms, see instru	13. NAME Russell W. Leasure					
ally supplied plain terms, See instri	14. BIRTHPLACE (city or town). Combelland	Name of operation Date of				
la la	m Country Country	What test confirmed diagnosis? (January Was there an autopsy? Ko				
be carefully EATH in play important.	15. MAIDEN NAME hand h. Lleroie	23. If death was due to external causes (VIDLENCE) fill in also the following:				
Car L'H	O 16. BIRTHPLACE (city or town) Alleralee (Stete or country)	Accident, suicide, or homicide?				
be EA'	(Stele of Column)	Where did injury occur?(Specify city or town, county and State)				
should OF D	17. INFORMANT CANADA MARKETTA	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.				
E O is v	18. BUMAL, CREMATION, OR REMOVAL	Manner of Injury				
ION IN	Place female Aug Dete LAC 1931	Neture of injury.				
CAUSE TION is	19. UNDERTAKER Megsocial Angletah	24. Was disease or Injury In any way related to occupation of deceased?				
	20. FILED POUS, 1237 Harvey Aller Registras.	(Signed) Charles Cumballand And. M. D.				
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			(4

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. PHYSICIANS should state of OCCUPA-Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11645
1. PLACE OF DEATH	(131)
County allegacy WITHIN CORPOR	RATE LIMITS Registration Dist. No. #
Village or City Church Placed	No. 411 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital or institution, give its NAME, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Charles Loide	
	St. & Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIMORCED write the word)	21. DATE OF DEATH γ .
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Q.L. 15 193 Y to HOV. 21 193 Y
6 DATE OF RIPTH (month day and year) Law 2/3 1861	liast saw h. alive on 2/ 1977; death is seid
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days If LESS than	to have occurred on the dete stated above, at
71 9 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of importance were as follows:
8 Trade profession or particular	Ureur Corra Date of one et
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	3 day'
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Letters N. A.	Other Contributory Causes of importance:
(State or country)	Chrain Broth Deser 34th
13. NAME - Joile	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
17. INFORMANT Mrs & J. Aronact	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Lumbuland Md	
18. BURIAL, CREMATION OR REMOVAL Place DV Page Page No. 24, 1932	Manner of injury
19. UNDERTAKER Louis Stew Jus	24. Wes disease or injury in any way related to occupation of deceesed?
(Address) Runbarland Jud.	If so, specify
20. FILEDON 23 , 1932 Maruly Messagestrar.	(Signed) M.D. (Address) Councider land, his

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		E MARKATA (SOFT)	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

That I attended deceased from death is sold The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset 23. If death was due to external causes (VIOLENCE) fill in also the following: Date of Injury (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury In any way related to occupation of deceased? (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

193

(Year)

(Day)

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR .	FURTHER	STATEMENTS	BY	PHYSICIAN	

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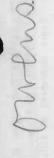
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Example I			Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1835 n ann	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	1	3 days ago
Other contributory causes of importance:		Other contributory cau	ses of importance:	
Gallstones	May 1,1923	Gastroenteritis	Annual Control	1 year
		8/6		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

11648

1. PLACE OF DEATH Allegany	WITHIN CORF	PORATE LIMITS		
Village or City Cumber Length of residence in city or town when	and. Md	No. Allegany Hospital St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)		
(a) Residence: No. Ridg		St., Ward. If nonresident give city or town and State		
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH		
3. SEX Female 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORTED (Sparie the word)	21. DATE OF DEATH Nov. 29.1932 (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. Oct. 1 HEREBY CERTIFY, That I attended deceased from 1930, to Wr. 79, 1932		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 33 4 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc	Days If LESS than 1 day,hrs. ormin.	- Mere astrollows: Data of onset		
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Demins - mirelving		
12. BIRTHPLACE (city or town) (State or country)	Wya	other Contributory Cancer Pimportance:		
13. NAME S.G. Kaylor 14. BIRTHPLACE (city or town) (State or country)	Wva	Name of operation Openus A draws Date of 10-16-32 What test confirmed degnosis? Was there an autopsy? W		
15. MAIDEN NAME Sara 16. BIRTHPLACE (city or town) (State or country)	h. Price	23. If death was due to external causes (VIDL ENCE) fill In also the following: Accident, suicide, or homicide?		
17.INFORMANT Albert.O (Address) Ridgely		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
	va Date Dec.1.1932	Manner of injury		
19. UNDERTAKER John.C. W (Address) Cumberl	and. Ind Varue of Meur	24. Was disease or injury in any way related to occupation of deceased? WV. If so, specify (Signed) M. D		
	Registrar.	(Address) (2 - 12 M f M 4), W.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 3 1 1 1 1	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

RESERVED

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BODNAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully

ż

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	- (a)
County allegant.	Registration Dist. No. 12
Village or City Octan I md.	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Micheal Murphy.	
(a) Residence: No. (Llan) (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22 J. H.E.D.E.D.V. C.E.D.T.I.E.V. That is allefted at decreased from
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 1932, to work 344 1932
6. DATE OF BIRTH (month, day, and year) July notabl 8 5 6	I last saw h use alive on how. 2 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3. A.m.
16 3. 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Chronic Interstitud
SAWYER, BOOKKEEPER, etc. Coal : munel	neplantis ju.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	, , , , , , , , , , , , , , , , , , ,
10. Date deceased last worked at	
this occupation (month and 9/1 spent In this 38 40 occupation 38 40	00. 6.43.4.6
12. BIRTHPLACE (city or town) selend	Other Contributory Causes of importance:
(State or country)	
13. NAME John Musphy. 14. BIRTHPLACE (city or town). Ireland.	
4. BIRTHPLACE (city or town) reland	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sther Culler 16. BIRTHPLACE (city or town). Seeland	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Sale of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (MACACA) A MARKY (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Barton, And Date My 5 , 1932	Nature of injury
19 UNDERTAKER D'S, Boal	24. Was disease or injury in any way related to occupation of deceased?
(Address) Sarton, Ind.	If so, specify
20 FILED NW. 3 1932 R. J. Staken	(Signed) M. M. D. M. D. M. D.
20. FILED Registrar.	(Address) malant w

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

County allegany.			
		Registration Dist. No.	/
Village or City of analoung		No. St	t.,Ward
Length of residence in city or town where death occurred		f death occurred in a hospital or institution, give its NAME instead of street ds. How long in U.S. if of foreign birth?yrs	
FULL NAME Frederick &	unu Z	rell	
B 11	unal.	St., Ward.	
(a) Residence: No. (Usual place of abode)		If nonresident give city or tow	n and State
PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEAT	TH .
S. SEY 4. COLOR OR RACE OR DEVORCED (with the word) 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (with the word) 6. Lif married, widowed, or divorced HUSBAND of (or) WIFE of		21. DATE OF DEATH (Month) (Day)	, 193 (Year)
		22. HEREBY CERTIFY, That I atte	inded deceased from
ATE OF BIRTH (month, day, and year) Q 4.15 /	932	I last sawker alive on // 10 ,19:	3 ; death is sal
GE Years Months Days	If LESS than I day,hrs.	to have occurred on the date stated above, at	
- 1-/	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this occupation (month and spent in this occupation).		Uculo Bronchilis	4
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc			
O. Date deceased last worked at this occupation (month and spent	ne (years) t in this pation		
BIRTHPLACE (city or town) Jouasoning	2	Other Contributory Causes of importance:	
(State or country) 13. NAME Com N. Mell		Utile etases	3
13. NAME COM N. Neff 14. BIRTHPLACE (city or town) (State or country)		Name of operation	,
15. MAIDEN NAME TALLA 6. IKAN	0	What test confirmed diagnosis? Was then	
	7	23. If death was due to external causes (VIOLENCE) fill in also the foll	
15. MAIDEN NAME ALA 6. Skadley 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place THE Date 1932		Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury	
		UNDERTAKER M. Eicher	
(Address) Sandening FILED //- 11, 1932 1,000 17	Long, Registrar.	(Signed) 2 Por John (Address) Consacons	4, M. 1

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		COSASSES	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE C	F MARYLAND-	CERTIFICATE OF DEATH	14.59
1. PLACE OF DEATH	WITHIN CORP	ORATE LIMITO 940	1000
County alla Shan	WITHIN CORP	Registration Dist. No.	4
Village Dr City Line	Wand	No. All Roll aus st,	Ward
Length of residence in city or town where	. (I death occurredyrs,mo	f death occurred in a hospital or institution, give its NAME instead of street and s. How long in U.S. 101 foreign birth?yrs.	d number) _mosds.
2. FULL NAME Trick	T Noill		
(a) Residence: No.	land	St Ward.	
(4) 11001001101110111	(Usual place of abode)	If nonresident give city or town a	and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	:11	(month) (bey)	
(or) WIFE of	10/0	22. I HEREBY CERTIFY. That I attended	ed deceased from
6. DATE OF BIRTH (month, day, and year)	1004 30 001	I last saw h. see alive on Nov. /"	death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated ebove, at 10 9 most	, uçatıı 13 3alu
63 >	9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trede, profession, or particular	r ormin.	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	nsyman	augua kletoria	mar
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc			193-
work was done, es SILK MILL, SAW MILL, BANK, etc	11. Total time (users)	-	
this occupation (month and year)	11. Total time (years) spent in this occupation		
1 1901)		Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)		Polar Sel	
1 / 1/	111	Where steers are	
	Sa		
(State or country)		Name of operation Date of	
	Jett Towited	What test confirmed diagnosis? Was there a	
	STIP STIPLE	23. If death was due to external ceuses (VIOLENCE) fill in also the follow	
2 16. BIRTHPLACE (city or town) (State or country)	fa d	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
ET Tone	1112	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC	tate)
17. INFDRMANT (Address)	ustine mus	Specify whether injury occurred in INDUSTRI, in IDME, of in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	ma	Manner of injury	
Place MOVIL AND LUIS	C. Date A O. V. J. D., 1972	Nature of injury.	
19. UNDERTAKER John CV	bestond	24. Was disease or many way related to occupation of deceased?	110
(Address)	chand	If so, specify DAL + AA	,
20. FILED 200 9 1037 C	Yarvey Yokay	(Signed) / Villes Mach	M. D.
20, 1122	Registrar.	(Address) (Quelles and)	me

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. N. B.-WRITE PLAINLY, WITH

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11053
County allega WITHIN CORPO	Registration Dist. No.
Village or City Control	No. 101 Laine ave St. 6-2 Ward
At a Mr. (If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
Length of residence in city or town where death occurred yrsmos.	ds. How long in U.S. If of foreign birth? . J. L. yrs
2. FULL NAME Umilia XUNTA	nes
(a) Residence: No. 10 Tanalotace of abode)	16 Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Handle White ORDWORCED (write the word)	(Month) (Day) (Year)
5a. If merried, widowed, or divorced	
HUSBAND OF Gory WIFE OF Franks Kentanes	22. THEREBY CERTIFY Met I etended decesed from
6. DATE OF BIRTH (month, dey, and year) Och 2 1849	I last saw her alive on 197-1, 1932; deeth is said
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, atm.
93 1 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	The part of the pa
SAWYER, BDDKKEEPER, etc.	(1) Cullinosellinais.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	131 Phone Warner
D 1D. Date deceased last worked at 11. Total time (years)	(1) (minus my source
this occupation (month end 1931 spent in this 70 occupation 70	40
12. BIRTHPLACE (city or town) Q	Other Contributary Causes of importance:
(State or country)	
E 13. NAME John Schalt	
13. NAME TO SCHOOL 14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diagnosis? # MAD Was there en eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
S (Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MASS Markha Vallramo (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATICALOR REMOVAD	Manner of injury
Please to client allege to the 11,1932	Neture of injury
19 UNDERTAKER Imis Stern Inc	24. Was disease or Injury In eny wey related to occupetion of deceased?
(Address)	If so, specify fine f
20 FILED THU // 193 V Adapuse of Orein	(Signed) M. D. M. D.
Registrar.	(Address) Levels & and, Ma.
If more blanks are heeded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	li i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		ECLERATOR	14
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
TOX TO			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroentcritis	1 year

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	OF (3)
County Allgary	/Registration Dist. No.
Village or City Just thurs	No Houses Hospital St. War (f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred / yrs	
2. FULL NAME CLARGE OF	No.
(a) Residence: No. (Usual place of abode)	- St., Ward. If nonresident give only or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH November 18th
5a. If married, widowed, or divorced	- (Month) (Day) (Year)
HUSBAND of Olive Gould	22. I HEREBY CERTIFY, That I attended deceased from October 20th, 19.32, to November 18, 1932.
6. DATE OF BIRTH (month, day, and year) Aveilary 22, 1881	I last saw h im alive on November 18 , 19 32 ; death is sai
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, and and the SAWYER, BOOKKEPER, etc.	Purpura-hemorrhagiga
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this necuration (mogeth and	
Do Data deceased last worked at this occupation (month and this occupation (month and least occupation)	£
12. BIRTHPLACE (city or town) apears land	Other Contributory Causes of importance: Interstitial nephritis: Chronic
(State or country) 13. NAME Angle (S)	- Duration : one years Court St.
13. NAME 14. BIRTHPLACE (city of town) (State or country)	Name of operation Date of Was thera an autopsy? No
15. MAIDEN NAME Mary Thompson	
16. BIRTHPLACE (city or town) (State or country)	23. If daeth was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT 1112. adang Cole, (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place ILLEGAMM ConstrupAte 11/15 21, 1932	Mannar of injury
19. UNDERTAKER De Cicheletteit	24. Was disease or Injury in any way related to occupation of deceased? No
20. FILED NOV. 19, 1932 a.R. Tracker	(Signed) Maryland M. (Address) Frostburg, Maryland
	2411 N. Charles Street, Boltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

W)	HYSICIANS should state statement of OCCUPA-	
FOR BINDING	S IS A PERMANENT REC stated EXACTLY. I properly classified. Exac certificate.	
ARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
V. S. No. 1	Ä.	

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County all a my	Registration Dist. No.
Village or City Las Bapton	No. St., Ward
Length of residence in city or town where death occurredyrs	f death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME Margaret 1	· Calleron
(a) Residence: No. Tand — Mem Barter (Usual place of abode)	2 St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH My 72 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(1001)
(or) WIFE of John W. Vallerson	22. 1 HEREBY CERTIFY, That I ettended deceased from
C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 70 Days If LESS then	I last saw h alive on, 19; death is said to have occurred on the date stated above, atm.
75 4 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade profession or particular	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	distant (little to
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	hearfart)
10. Date deceased last worked at this occupation (month and yeer) 11. Total time (years) spant in this 60 years) occupation 60 years	
12. BIRTHPLACE (city or town) - Dora Scotia	Other Coutributory Causes of importance;
(State or country)	
13. NAME The Helpon 14. BIRTHPLACE (city or town) Level and	
14. BIRTHPLACE (city or town) Seviland	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret A. Pherson 16. BIRTHPLACE (city or town) Scuttand	23. If death was due to external causes (VIDLENCE) fill in also the following:
(Stete or country)	Accident, suicide, or homicide? Date of injury, 19
(Stete of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT John Care Pallus III	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place ausel Hall Dele MN 24, 1932	Nature of injury
19. UNDERTAKER Sh. Garchhur (Address) Sarasning Ma.	24. Was disease or Injury In eny wey related to occupation of deceased?
Commenter of the	(Signed) I. a. Bonchen M. D.
20. FILED MAY 22, 19 22 S. M. Douch	(Address) Darton Ind.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforupplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAproperly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.—WRITE PLAINLY, WITH

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
6//	OBATE LIMITS (50)
County William WITHIN COHP	Registration Dist. No.
	No. 4 Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME amas of effer	······································
(a) Residence: No. 777 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female Mhili Control (write the worth)	7/01 30 ,193 √ (Month) (Day) (Year)
5a. If married, widowed, or theored HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
10.0 1.5/18/5	, 199
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	11 Do /
65 / 15 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER.	Cancer of Marsh. Date of onset
SAWYER, BOOKKEEPER, etc.	about
S. Flade, profession, or particular to the control of the control	74.7
10. Date deceased last worked at this occupetion (month and year) 11. Total time (years) spent in this occupation 45.	0
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Johnson
13. NAME Johns Ofel	
13. NAME 14. BIRTAPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ALEXANDER STATE OF THE STATE	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Ans Jas. A money (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Carland Breate Wee 7, 1932	Nature of injury
19. UNDERTAKER Imis Stem Inc.	24. Was disease or injury in any way related to occupation of deceased? 710
(Address) handyland	If so, specify
20. FILED 2 3 , 1937 Varue 10 Registrar.	(Signed) Mad Mad M.D. (Address) Secretar Just M.D.

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Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TS BY PHYSICIAN

	940	,
WITHIN COR	PORATE LIMITS Registration Dist. No.	4
recentrationed, Jus	No. 113 Columbia St.	3 Ward
	f death occurred in a hospital or institution, give its NAME instead of street and r	number)
n where death occurred / frsmos	ds. How long in U.S. if of foreign birth?yrsm	os ds.
Stames Price	4	
Columbial et.	St., 3 Ward.	
(Usual place of abode)	If nonresident give city or town and	State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOV 2V	2
OK DIVORCED (write the word)	(Month) (Oay)	(Year)
./ 0	22. I HEREBY CERTIFY. That I attended	4
a Naugh.	22. I HEREBY CERTIFY, That I attended NOV. 17 198 Y to NOV 25	deceased from
2 12 10 57	1 2 2 2	: death is sold
onths Days If LESS than	to have occurred on the date stated above, at \$30Pm.	., ucath is said
5 / (1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
ormin.	were es follows:	Date of onset
NER. Setured minuter		7107.17-3
1 6 8 11 1		1
Mondh		
1912 11. Total time (yeers) spent in this (50		
occupation Qua	Other Contributory Causes of importance:	
f	-I	
Vest luguna	Organis Heart Draw	1773
ph Trice		yen
9/ .	Name of operation Date of	!- /
legenia	What test confirmed diagnosis? Was there an a	utopsy?
ry Chambers	23. If death was due to external causes (VIOLENCE) fill In also the following	:
(a)	Accident, suicide, or homicide? Date of injury	, 19
Mest Veryma	Where did Injury occur?	
Drice 1	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLA	ACE.
3 Columbia It.		
+ 01-128 37	Manner of Injury	
enetery Oate Nord 28, 1932	Nature of injury	
Stem Sup	24. Was disease or Injury in any way related to occupation of deceased?	
telegral It	If so, specify	;
Burney H Mero	(Signed)	M. D.
Registrar.	(Address) auch fand, mel	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11659
County Allegman WITHIN CORPO	Registration Dist. No.
Village or City Comberland	No. 427 Chasself St., 3 Ward death occurred in a Morpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Henritta Rank	,
(a) Residence: No. 427 (Usual place of abode)	St., S Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OK TRYORCED (write the word) 5a. If married, widowed, of divorged	21. DATE OF DEATH Nov 9 (Month) (Day) (Year)
HUSBAND of John Kank	22. I HEREBY CERTIFY, That I attended deceased from 1932 to Nev 2 1932
6. DATE OF BIRTH (month, day, and year) Smany 6, 1857	I last saw h Ls. alive on Nov 9, 19.32; death is seid
7. AGE Years Months Jays If LESS than 1 day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Were as follows:
	(1930)
9. Industry or business in which work was done, as SILK MILL, as Home	
10. Date deceased last worked at this occupation (month and 1930 spent in this occupation)	w
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance: (4.32
(State or country) (State or country) (State or country) (State or country)	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Name of operation Date of
(State or country)	What test confirmed diagnosis? Climical Was there an autopsy? No
15. MAIDEN NAME Inknown	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR BEMOVAL Place 12, 1932	Manner of Injury
19. UNDERTAKER Loris Sten dre	24. Was disease or Injury In any way related to occupation of deceased? MR.
(Address) landala	If so, specify
20. FILEDOW // 1934 Daraey Registrar.	(Signed) 4 Wilson M.D. (Address 26 ann Gunherland, Brd
· ·	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were a	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	S'A OFTERS	1 week ago
Chronie interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	756T 8 Jag	3 days ago
			E2/1/2-1-250	
Other contributory causes of importance:		Other contributory c		
Gallstones	May 1,1923	Gastroenteritis		1 year

V. S. No. 1

		e		
Ì	V. B WRITE PLAINLY, WITH "UNFADING INK THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	Jo u	pino	000	
	iter	sh	J0	
	very	ANS	nent	
	D. E	SICI	tater	
)	COR	PHY	set s	
	RE	ř.	Exa	
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	ER	EX	y cl	te.
	IV	ted	perl	tifica
	SIS	sts	pr	cer
	HI	l be	r be	t of
	K-1	hould	may	back
	Z	E S	at it	on
	ING	AG	o the	TION is very important. See instructions on back of certificate.
	FAD	ied.	ns, s	struc
	NO.	lddn	terr	e ins
	TH	lly s	lain	Se
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	VLY,	e ca	ATH	npor
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	RITI	ion	SE	Z IS
	-W	mat	CAI	TIO
	B.			
	5			

	OF MARYLAND—	CERTIFICATE OF DEATH 1166	U
1. PLACE OF DEATH	WITHIN CORPOR	ATE LIMITS (3)	
County allega	my WITHIN CORPOR	Registration Dist, No.	£
Village or City	(II	No. Mc. St., 6 death occurred in a hospital or institution, give its NAME instead of street and num	
Length of residence in city or town when	e death occurredyrsmos	sds. How long in U.S. If of foreign birth?yrsmos	d
2. FULL NAME A Lake	leogn sep	rade	
(a) Residence: No.	(Usual place of abode)	St., Ward. Health Dr. If nonresident give city or lown and St.	ale
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	93 3 7 (Year)
a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, That I attended dec	casead fra
(or) WIFE of			
. DATE OF BIRTH (month, day, and year)	711) 27 1932	I last saw h alive on	
. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm,	
+111	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:	
8. Trade, profession, or particular	1	- Mere es follows.	Date of ons
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		11-	
9. Industry or business in which work was done, as SILK MILL,		Mother	
SAW MILL, BANK, etc	l et Tátlan (ma)	-	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
0		Other Contributory Causes of importance:	
2. BIRTHPLACE (city or town) (State or country)	while deanth,		
1 /1 /			
	pegroas		
14. BIRTHPLACE (city or town)	n Ma	Name of operation	
1	1000	What test confirmed diagnosis? Was there en euto	opsy?
10. MAIDEN HAME	V-	23. If death was due to external causes (VIDLENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	12 7/10	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
7. INFORMANT Pressed	al Olyspetal	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18, BURIAL, CREMATION, DR REMOVAL	reason ma	Manner of injury	
Place Mensional DY	12 Bate /200 27, 1937	1	
9. UNDERTAKER THE MACOULA (Address)	of Marketal	24. Was disease or Injury in any way related to occupation of deceased?	
20. FILED 29, 1934	Hakury H Mer. Registrar.	(Signed) James Williams Will	, M.
If mo.	re blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ĮĮ.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.—Examples:

Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(43-6)
County allegan	Registration Dist. No. #
Village or City & WITHIN CORPUS	No. Illerany Varabetast 4 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	5 ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Thamas Ed Robins	on
(a) Residence: No. Dense Mc (Usual place of abode)	St., Ward. Daveson Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White Didowned	(Month) (Day) (Year)
ia. If married, widowed, or divorced	
(or) WIFE of Wife of Wife and Cobuls	1 HEREBY CERTIFY. That I attended deceased from
5. DATE OF BIRTH (month, day, and year) about	I last saw h - W alive on how 21, 1932; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 3 30 m.
1 day,	The PRINCIPAL CAUSE OF DEATH and related causas of importance
& Trada, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, Flavener SAW MILL, BANK, etc	
1D. Date deceased last worked at this occupation (month and spent in this occupation occupation.	
12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of importance: Auriculas Fibrillat
0101	
13. NAME Hohn Oleksons	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Charly Clark	23. If death was due to external causas (VIOLENCE) fill In etso tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Games & Robinson	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Dunson Ind Date Nov 28 , 1932	Nature of Injury
19. UNDERTAKER Societies (Address)	24. Was disease or injury In any way related to occupation of decaased?
man Mar 23 , 3 N Warner 4 M.	(Signad) P P Jane M. D.
20. FILED Registrar.	(Addrass). Comberland July

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

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	ECORD. Every item of infor-	PHYSICIANS should state	xact statement of OCCUPA.	
FOR BINDING	S IS A PERMANENT R	e stated EXACTLY.	e properly classified. Ex	f certificate.
ARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1 ()	N. BWRITE PLAINL	mation should be	CAUSE OF DEAT	TION is very imp

STATE OF STA	F MARYLAND—	CERTIFICATE OF DEATH
County Allegheny		Registration Dist. No.
Village or City Westerns	(16	No. St., Ware death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where date	oth occurred 52yrsmos	sds. How long In U.S.If of foralgn birth?yrsmosd
2. FULL NAME John Fr	ederick Seaber	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
Male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of 1,48 TY Olive	Seaber	22. I HEREBY CERTIFY, That I attended deceased fro Nov. 9, 1932, to Nov 12, 1932
6. DATE OF BIRTH (month, day, and year) De (20, 1850	I last saw h. (in alive on Nov. 12 1932; death is sa
7. AGE Years Months 82 10	Days If LESS than 1 day,hrs. ormin.	wara as follows:
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	arpenter retire	Hypertension?
12. BIRTHPLACE (city or town) Clear (State or country)	spent in this occupation	Other Contributory Causes of importance: Cereprol Homorphage - 119-3. Hemiplegia Right
13. NAME DATITED P. SE		Name of operation VIV R Oate of
15. MAIOEN NAME Elizabeth 16. BIRTHPLACE (city or town) Indial (Stata or country)	Sponsellor A Spring	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?
17. INFORMANT William Seabe	er rnno t t "d	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Westernport, Mc		Manner of injury
19. UNDERTAKER W.H. Fredloc (Address) Piedmont	7. Va.	24. Was disease or Injury in any way related to occupation of deceased? No
20. FILEO NOV. 15, 1932 08	Registrar.	(Signed) (Address) Preducett W. V., M. (Address) Preducett W. V., 2422 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	Mgy1,1923	Other contributory causes of importance: Gastroenteritis	1 year
The state of the s	1		

BINDING

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Example I	l		Example II	4000
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of of importance were as	f death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	7/107	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cercbral hemorrhage_	July 5,1927	Peritonitis		3 days ago
				1
Other contributory causes of importance:		Other contributory can	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

should state

1. PLACE OF DEATH	ORATE LIMITS 46
County allegany.	Registration Dist. No.
Village or City Constitution .	No. Alleganny Hospitalst., 4 Ward
W/)	death occurred in a hospital or institution give its NAME instead of street and number)
91 1911	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Carrard Spales,	
(a) Residence: No. 652 h. Guldane (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR AWORCED ("write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended decessed from
Mariown	Mr 15 ,193),10 Mr 16 ,1932
6. DATE OF BIRTH (month, day, and yeer) Frank 2 1835	I lest saw h alive on 15 19.3 1, death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the dete stated above, at A
// 6 /24 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, ex. 9. Industry or business in which	Manguary I stomash?
work was done, as SILK MILL, help Williams	
U 10. Date deceased last worked et 11, Total time (years)	
this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Cash Valley	Other Contributory Causes of Importance:
(State or country)	
13. NAME Som Shates	
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Inland.	What test confirmed diagnosis? Was there an autopsy?
TI 15. MAIDEN NAME HEM / Brown	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT Con Bridget Dervier.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR AEMOVAL	Manner of injury
Place It Whish was ate Mr 10, 1932	Nature of injury
Jonio Strai Parl	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
May 18 37 W. Ad Fin.	(Signed) P C Bower M.D.
20. FILED () Registrar.	(Address) Pannson land a

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		Towness (Carlotte Control of Carlotte Control	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH		107~	1000
County allegany		Registration Dist. No.	2
Village or City myddland	Bed:	NoSt.,_	Ward
Length of residence in city or town where death oc	curred 5 4 yrs. 10 mos	death occurred in a hospital or institution, give its NAME instead of street at 3.0 ds. How long in U.S. if of foreign birth?	nd number)mosds.
2. FULL NAME John Joseph	Makern		
The state of the s	Jauai place of abode)	St., Ward. If nonresident give city or town	
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
male White m	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH // (Month) (Day)	, 193 2 · (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Sla	ken	22. I HEREBY CERTIFY, That I attend	led deceased from
. DATE OF BIRTH (month, day, and year)	12.1877	I last saw h wie alive on hor. // th 193	2 : death is seld
AGE Years Months	Deys If LESS than I dayhrs. ormin.	to have occurred on the dete stated above, at 10.30 km. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Trade profession or particular	VIIIIIII	aut Bimbuti	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and	miner.		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this 3 8 400 occupation		tur. 64
2. BIRTHPLACE (city or town) Cream		Other Contributory Causes of importance:	5 day
(State or country) maryla	nd)	/	
13. NAME Thomas Sta	kem		
14. BIRTHPLACE (city or town) (State or country)		Name of operation Date of	f
	no .	What test confirmed diagnosis? Was there a	an autopsy?
15. MAIDEN NAME Margaret	enny.	23. If death was due to external couses (VIOL ENCE) fill in also the follow	
15. MAIDEN NAME Margaret Of 16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide? Date of injury	19
7. INFORMANT Thereselve (Address)	ahanz	Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
8. BURIAL, CREMATION, OR BEMOVAL	1	Manner of injury	
Place from from July Date	Not. 14 , 1932	Nature of injury	
9. UNDERTAKER David S. G. (Address)	al	24. Was disease or injury in any way related to occupation of deceased?.	lur
O. FILED MVJ. 12,1932 K	Laken Registrar.	(Signed) M. Ancourumst (Address) Midland, Mid	M. D.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy · · · A O TT	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis Zan Tanana	3 days ago
	4.9		
	74	The second control of	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING V. S. No. 1

	No. Advises It as futal St., Ward and occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
Village or City Proposition (If deal Length of residence In city of town where death occurred yrs. mos. // 2. FULL NAME Frank Stevens in (Usual place of abode)	No. Advises St., Ward state occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds. St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
Length of residence In city of town where death occurredyrs mos. /- 2. FULL NAME	sath occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Transfer Stepenson (a) Residence: No. Millothian That (Usual place of abode)	St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
2. FULL NAME Grank Stepenson (a) Residence: No. Millothian Md (Usual place of shode)	St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
(a) Residence: No. Mullothian Ind (Usual place of abode)	St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
	A. DATE OF DEATH
3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	1932
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Gorah Suncan 22	2. JHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan. 17, 1874	I last saw based on 24/1/1932 death is said
7. AGE Years Months Days If LESS than to	to have occurred on the date stated above, at $3.20A_{\rm m}$.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SWYER, BOOKKEPER, etc	Septicemen - / y/se
SAWYER, BOOKKEEPER, etc.	not determifted all
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	accompanying 1932
10. Date deceased last worked at this occupation (month and functions) 11. Total time (years) spent in this occupation year)	Infection January
	Other Contributory Causes of importance:
E 13. NAME arres stevensm	
14. BIRTHPLACE (city or town) Scotland	Name of operation Date of What test confirmed diagnosis Clar Aurabana Was there an autopsy?
	What test confirmed diagnosist Was there an autopsy?
	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Miss) Late Stevenson s	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place (Carry Carreller par For 1) / Kind 32	Nature of injury
(Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO //3 1937 O. R. Walser	If so, specify (Signed) M, O.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselcrosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PURDAU V.	12		
Other contributory causes of importance:	3.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

ı	STATE OF MARYLAND—	CERTIFICATE OF DEATH	10.0
	1. PLACE OF DEATH	The same of the sa	, ,
	county of tegangy WITMIN CORPS	Registration Dist. No.	
Charles	Village or City June for Cauch Hid	No#24 CHorner St. St., 6-	# Ward
	Length of residence in city or town where deep occurred 30 yrs	death occurred in a horpital or institution, give its NAME instead of street and nu death of the long in U.S. If of foreign birth?yrsmos.	
1	2. FULL NAME - Dewrenne	SHUSON	
	(a) Residence: No. 427 Hames St.	Sto-4 Ward.	
	(Vyual place of abode)	If nonresident give city or town and S	tate
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OF RACE OR DIVORCED (verite the word)	21. DATE OF DEATH NOV. 6	32
	5a. If married, widowed, or divorced	(Month) (Oay)	(Yeer)
	HUSBANO of (or) WIFE of Marriod	22. I HEREBY SERTI X FOR I etterfied de	eceesed from
	6. DATE OF BIRTH (month, day, and year) 1865-9-250	I last saw h elive on 19	deeth is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 Pm.	
	67 1 1/2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
	8. Trede, profession, or particular kind of work done, as SPINNER (1. 6. 17)	Curona	about
	SAWYER, BOOKKEEPER, etc. S. DINNER G. G. J. D. J. D. Industry or business in which	(170000	1111-
	work was done, es SILK MILL,		J.V.
		45	
	year) occupation of the state o	Other Contributory Causes of Importence:	
	12. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town)		
	(Stete er country)		
	I 13. NAME X ecces of your	Saar	
	14. BIRTHPLACE (city or town) The VIVEINTY	Name of operation Oete of	
1	(Stete of Country)	What test confirmed diagnosis? Wes there an eu	!opsy?
	16. BIRTHPLACE (city or town) Helf Vivginia	23. If deeth wes due to externel causes (VIOL ENCE) fill in also the following:	
	5 16. BIRTHPLACE (city or town) Helf VINg 1 M 1 4	Accident, suicide, or homicide?	, 19
1	(State or country)	Where did injury occur?(Specify city or town, county and State))
	17. INFORMANT MAY MAY MASON SOMMEN SO	Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE	CE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury W	
	Place Magno seco Date 100 4 122	Neture of Injury	
101	19. UNOERTAKER	24. Wes diseese or Injury In any way releted to occupation of deceased?	
1	(Address)	Alf so, specify	
	20. Flat 7 1937 Harrey Voning	(Signed) Much General	~ M. D.
T SOUTH	Registrar.	(Address) (3 3	
	If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related caus of importance were as follows:		
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DEC 6 1932				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

WRITE PLAINLY,

V. S. No.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

	ND—CERTIFICATE OF DEATH 11609
1. PLACE OF DEATH	107-
County Williams	Registration Dist. No.
Village or City and Oracles	No. St., Ward
Length of residence in city or town where death opcurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2, FULL NAME Paul Donald	Variate
	ractioner.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OR DIVORCED (write the	
5a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
	19
	932 I last saw h loss alive on , 19 , death is sails than to have occurred on the date stated above, at , 6 , m.
1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and raiated causes of Importance
8 Trade profession or particular	min. were as follows: Bronchial hneurious Date of ongo
kind of work dons, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Oate deceased last workad at bis occupation (month and	
0. Oate deceased last worked at this occupation (month and year) to ccupation	
12. BIRTHPLACE (city or town) Near Clause (State or country)	Other Contributory Conses of importance: October Contributory Conses of importance: October Contributory Conses of importance: Other Contributory Conses of importance:
	
13. NAME Caracter Vaccuse 14. BIRTHPLACE (city or town)	Name of operation.
(State or country)	What tast confirmed diagnosis Physical efam Was there an autopsy?
15. MAIDEN NAME Fleoling Sand	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Theoline Sorder 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicide?Oats of injury19
(State or country)	Whera did injury occur?
17. INFORMANT Cuercy Carmete	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVED COAMUNE	Manner of Injury
Place tamely Sureng & Date Nov. 28	, 19.3.7 Natura of injury
19. UNDERTAKER Asilia Dieus du	24. Was disease or injury in any way related to occupation of deceased? Web
20 FUED Nov 28 1032 - Carrie a Showh	On (Signed) With Hodger

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	53			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107-00
County Allegances	Registration Dist. No.
Village or City Fluitstone P.7.D.	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Settly Jane / ra	llizer
(a) Residence: No. (Usual place of abode)	St. Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
T white OR DIVORCED (write the word)	Mor. 6, 1932
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
1 , ,	Nor 6 , 1922, to Mar. 6 , 1932
6. DATE OF BIRTH (month, day, and year) Suppl. 32, 1932	I last saw head alive on the control of the said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 7. 301, m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	B
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, elc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Toronehapneumoma Nov. 5
work was done, as SILK MILL, SAW MILL, BANK, etc	Bath lings
0. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Cartellature Course of investors
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance:
(State or country)	
13. NAME Wade W. Walleger	
14. BIRTHPLACE (city or town) Mary Land	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / Desse L. alt	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Besse & alt to BIRTHPLACE (city or town) West Virginia (State or country)	Accident, suicide, or homicide? Date of injury t9
∑ (State or country)	Where did injury occur?
17. INFORMANT Wade W. Walleger (Address) Thutstone and	(Specify city or town, county and State) Specify whelher injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Novulla Com Date 100 8 , 1932	Nature of injury
19. UNDERTAKER Ephrain Omith	24. Was disease or Injury in any way related to occupation of deceased? 24. If so, specify
20. FILED Nov 7 1952 Dewett	(Signed) J. a. Walson M. D.
Registrar.	(Address) / Aucock med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Cereoral nemormage			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	FOR FURTHER STATEMENTS BY PHYSICIAN
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AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WHITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. ARGIN RESERVED FOR BINDING mation should be carefully supplied. V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11671
County alle yan	Registration Dist. No.
Village or City B. Lileand md	No
Length ot residence in city or town where death occurredyrsmos	
2. FULL NAME George Beril Wal	ters
(a) Residence: No. 932 and an	St., 6 -/ Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
The state of the s	21. DATE OF DEATH (Month) 2 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MSettle Wagner	22/100 1 HEREBY CERTIFY That I attended deceased trom
6. DATE OF BIRTH (month, day, and year) aug 2, 1902	I last saw h w alive on wor 2 4 1932; death is said
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, at 9
24 30 3 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade protession or particular	Date of onset
SAWYER, BOOKKEEPER, etc. Beaheman	
kind of work done, as SPINNER, Bull Bull Bull Bull Bull Bull Bull Bul	Inquirate augustation
SAW MILL, BANK, etc	BM lego-
this occupation (month and spent in this pear)	
	Other Causs of importance:
12. BIRTHPLACE (city or town) (State or country)	June
I I	Nandorsperson lego Date of /- 2432
14. BIRTHPLACE (city or town) 32 Bly Jung (State or country)	What test covirmed diagnoses Clevel Was there an autopsy?
15. MAIDEN NAME Stillie Frachter	23. If death was due to external causes (VIOLENCE) fill in also the following:
E Guliana	Accident, suicide, or homicide & Date of injury -24, 102
16. BIRTHPLACE (city or town) Asiderisks (State or country)	Where did injury occur? BPS RR. Cotto
m. the bould	(Specify city or town, county and state) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Affile of Marie A ma	sentury
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Rillsaul
Place HUSEN Date 125 27, 19.33	Nature of injury Crushing & legs it holy
19. UNDERTAKER Their This	24. Was disease or injury in any way related to occurrent on of deceased.
(Address) Rumberland mot	If so, specity for the specific for the
20 FILED COU 26 1937 Harvey of News	(Signed) C. Cumerum M. D.
Registrar.	(Address) (10) S 02-000

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones ^	May 1,1923	Gastroenteritis	1 year

certificate.

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(Address)

of infor

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(Address) It Was Trans Trans If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No/1.

Registrar.

If so, specify

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

ADDITIONAL SPACE FOR FURT	THER STATEMENTS BY PHYSICIAN
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V. S. No. 1

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1. PLACE OF DEATH WITHIN CORPO	DRATE LIMITS Positive Diet No.
County Clegary WITHIN CORP	Registration Dist. No.
Village or City Cumuland Mid	, No. Memorial Harfustal War
Length of rasidanca in city or town whera death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number)
$\bigcap_{i=1}^{n} A_i = A_i = A_i$	
2. FULL NAME Stilmsty Willet	surge.
(a) Residence: No. 408 (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Of hite 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yaar)
a. If marriad, widowed, or divorced	(month) (var) (tall)
HUSBANO of Con WIFE of Linear S. Stilmot	22. HEREBY CERTIFY That I attended daceased fro
7- 1/ 127/	10000 13
5. DATE OF BIRTH (month, day, and year) 700. 6, 8/6. AGE Yaars Months Days If LESS than	I last saw halive on
1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
5-6 7 ormin.	were as follows: Les Tubercu-Dataglana
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc.	low
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. tadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occuration (month and	
9. tadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date daceased last worked at those this occupation (month and 10.2)	
year) 1932 occupation	Other Coutributory Causes of importanca:
12. BIRTHPLACE (city or town) Maryland.	Chroix myocardeles
(Stata or country)	<u></u>
13. NAME Grass Cents	
13. NAME Grass Cemos 14. BIRTHPLACE (city or town) Mary Care	Name of oparation / Nove Data of
(State of Country)	What test confirmed diagnosis? (Was there an aulopsy? Was
15. MAIOEN NAME Henderchason amade 16. BIRTHPLACE (city or town) - Maryland.	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Maryland.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Chamber and Address	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Flesaut Groundfia Nov. 16, 1932.	Nature of Injury
19. UNDERTAKER John C. Skafford	24. Was disease or Injury In any way related to occupation of deceased?
(AUUI 355) / Cumural gulf, Afri.	If so, specify Horsella 10 11
20. FILED LOV 17, 1937 Dangley Miller & Registrar.	(Signad) (Addrass) underland me

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 6 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAproperly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be WITH N. B.-WRITE PLAINLY,

V. S. No. 1

	or City	one, Md		Registration Dist. No.		
2. FULL	Thinch	oth. Wil	yrs,mos	NoSt., f death occurred in a hospital or institution, give its NAME instead of street as sds. How long in U.S. if of foreign birth?yrs		
(a) Res	idence: No.	(Usuai place		St., Ward. If nonresident give city or town	10.	
PERS	ONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH		
3.SEX Female	4. COLOR OR RACE		RRIED, WIDOWED, (Write the word)	21. DATE OF DEATH NOV.7th.193	, 193	
5e. If merried, widowed, or divorced HUSBAND of Thomas Wilson.				(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I ettended deceased from 3,193 Y, to 277, 193		
6. DATE OF BIR	TH (month, dey, and yeer)	July	7 30.1854		deeth Is sai	
7. AGE	Years Months 78 4	Days	If LESS than I dey,hrs. ormin.	to have occurred on the date steted above, et 9.15 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
9. Industry work SAW 10. Dete de	rofession, or particular for work done, es SPINNER, YER, BOOKKEPER, etc	11. Totei	LI QUE	brune Coma	70-6-3	
year 12. BIRTHPLAC	occupation (month and) E (city or town) country)	oct	ent in this upation	Other Contributory Causes of importence:		
	LACE (city or town)te or country)	bin tte	1	Neme of operation		
15. MAIDEN		Wilson.	<u>id</u>	Whet test confirmed diagnosis?	ving:	
17. INFORMANT Clay. Wilson (Address) Clintstone. Md		Where did injury occur?	State) PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Place dd. Fallows Dete Nov. 9/ 19.32		Menner of injury				
19. UNDERTAKE (Address				24. Wes disease or injury in eny way related to occupation of deceased? If so, specify (Signed)		

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of enilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. B.—WRITE PLAINLY, WITH ż

JARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	920
County Magary	Registration Dist. No
Village or City Eckhart	No. St., Ward
Length of residence in city or town where death occurred yrs. mo	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. Bow long in U.S. if of foreign birth?
2. FULL NAMESUSAN Rebecca (M.	right
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED OR DIVORCED (write the worth)	21. DATE OF DEATH AVC 22 , 193 2 (Month) (Day) (Year)
ia. If merried, widowed or divorced HUSPAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (month, day, and year)	I last saw h N alive on NV 211, 1932; death is sai
AGE, Years Months Days If LESS than	to have occurred on the date stated above, at \$1,150 m.
6 I day,hrs.	THE AN CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	hyonie und rearditis 1930
kind of work done, as SPINNER OUS SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Grown SAW MILL, BANK, etc. 10. Date deceased lest worked at this securation (month and the same in this securation (month and the same in this securation).	
10. Date deceased lest worked at this occupation (month and 1971) 11. Total time (years), spent in this occupation occupation	
(State or coughty)	Other Centributary Causes of importance:
13. NAME Salem Selman	
14. BIRTHPLACE (city or town) Mediana (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME AND AN Claim Miller 16. BIRTHPLACE (city or town) Mild Lange (State of counter)	23, If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Med land	Accident, sulcide, or homlcide?Date of injury, 19
(State of country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT (Address) Charles Total	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Place PARL HUMY Date Date 1297	Manner of injury
19. UNDERTAKER ACOUNTY TO THE TOTAL ACOUNTY TO THE	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 13 19 5 A. R. Warker. Registrar.	(Signed) (Address) Type but but M.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year	
Quiotorico	11 try 1,10 %0	(NACH DOTE LEES	1 year	

The second second second second		

M)	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
NDING	MANENT RECORD	KACTLY. PHYS	lassified. Exact sta	
VED FOR BIN	THIS IS A PER	ld be stated EN	ty he properly c	ck of certificate.
ARGIN RESERVED FOR BINDING	VFADING INK-	olied. AGE shou	rms, so that it ma	nstructions on bac
• P	INLY, WITH UN	be carefully supp	EATH in plain te	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE PL/	mation should	CAUSE OF D	TION is very

1. PLACE OF DEATH	93-2
County County	Registration Dist. No. 🔑
Village or City VM= Cost Vun	No. St., Ware (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurred 3 Syrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mrs Mary Lavi	90.
	il jaco
(a) Residence: No. 7/15 Cook (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW	
OR DtVORCED (write the wo	d) 70 - 19 193 2
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WiFE of W. L. W. Jack	22. I HEREBY CERTIFY, That I attended deceased from
(a) mile of the	Nov/1 ,1932, to Nov 10 ,1932
6. DATE OF BIRTH (month, day, and year) Jaw - 9-186	
7. AGE Years Months Days if LESS t	an to have occurred on the data stated above, at
63 10 10 1day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, House wife SAWYER, BOOKKEEPER, etc.	They car was name of the
9. Industry or business in which	
work was dona, as SILK MilL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month end spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Januariel Ohio	oldma of limes.
(State or country)	
13. NAME Win yang	
13. NAME Will yaung 14. BIRTHPLACE (city or town) Doug flues	Nama of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy? 1/4
15. MAIDEN NAME MILLS Bauser	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury 19
(Stata or country)	Where did injury occur?
Walter Lais	(Specify city or town, county and State)
(7. INFORMANT (Address) $\mathcal{M} = \mathbf{e}_{\mathbf{o}}$	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Phy los Cerus	Manner of injury
	3.2- Nature of Injury
I stry as Musel Son	
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased? NO
	if so, spacify TP 4
20. FILED nov. 19, 1932 A Jayruband	(Signed) M.
Registr	r. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage .	July 5,1927	Peritonitis	3 days ago	
8282AU V. S. J			10.30	
			a 35.1	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FU	JRTHER STATEMENTS	BY	PHYSICIAN
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